TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please move carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and then event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

084	03		CERTIFIC	CATE	OF DEATH			11	8395
1. PLACE OF D a. COUNTY					2. USUAL RESIDENC a. STATE	E (Where	deceased lived, If ins		sidence before admission)
	rederick		MARYL		Maryla	nd		deri	
b. CITY OR write RI	TOWN (if outside corpora IRAL and give nearest to	te limits, c.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside c	orporate limits, wr	ite RURAL a	nd give nearest town)
Fred	lerick		l year		Brunswi	ck		10	-/
	HOSPITAL OR INSTITUTE		tal, give street ad	ddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Freder	ick Nursing	Home			105 Flor	cida	Ave.		YES NO X
3. NAME OF DECEASED (Type or pr		irst Ma	Middle thias	A	tast nalt	4. OAT OF DEA	тн 6		Day Year 28 1966
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED				9. AGE (In years last birthday)		YEAR IF UNDER 24 HRS. Days Hours Min.
male	white	WIDOWED [DIVORCED		3/1/1890		76 yrs.		
10a. USUAL OCC during most of	UPATION (Give kind of work working life, even if retire	done 10b. KIND	OF BUSINESS OR STRY		11. BIRTHPLACE (Co	sunty & Sta	ate, or foreign country	COL	IZEN OF WHAT INTRY?
engi		rail	road		Frederick	c Co	Md	U.S	
13. FATHER'S		_			14. MOTHER'S MAID		,		
	illiam Ahal					yer			
(Yes, no, or unko	SED EVER IN U.S. ARMED F wn) (If yes give war or dates	of service)	IAL SECURITYNO.						lorida Ave
no		710-		1-4-	. Olive A	lhal	t, Bruns	wick,	
	OF DEATH Enter only or	1 maybean	for (a), (b), and (c)).1	6				INTERVAL BETWEEN ONSET AND DEATH
PARI	J. DEATH WAS CAUSED B' IMMEDIATE CAUSE		rough	Lui	Micum	much	-ci_		10 Kings
33	J.X DUE	TO /			ME	/	. 1		10 dies
	if any, which to immediate	(b)	16626	4 0	Thund	- CL	2/2		10 101145
	, stating the DUE	TO DOD	1-12-11-60		2 (1	00	luces		
	cause last.	(c) _	CTO DESTIL DUY	9 2			4/		119. WAS AUTOPSY
PAKI JI. OII	HER SIGNIFICANT CONDITI	ONSCONTRIBUTIN	G TO DEATH BUTN	IUTRELAT	ED TO THE TERMINAC D	NOTASE C	OWDSTION GIVEN IN	TANT A(a)	PERFORMED?
E 200 2000	7200CAC	20b. BES	NO CIZE	2/	RED. (Enter nature of	In luev In	Dart I or Dart II o	f Itom 18)	YES NO Z
OR CONTRI	DENT WAS UNDERLYING DENTING CAUSE OF DEA BUTING CAUSE OF DEA NOTIFY MEDICAL EXAM	TH ZOD. BESK	SKIBE HOW INJUN	KY UUGUK	RED. (EARET NATURE OF	mjury m	Part I of Part II o) Item 10.)	
N 20c. TIME	OF INJURY Month, Day,			De. PLAC	E OF INJURY (Home, fa y, street, office bldg., e	rm, 20f	. (City or town)	(Coun	ity) (State)
20c. TIME Hour	a.m. p.m. 19	While at work	Not While at work	ractor	,, 30,001, 011100 blug., 0	2017			
	ertify that (I) (this hos	pital) attended t	he deceased fr	rom		952,	10 6/2	4, 196	that (I) (we) last
	e deceased alive on	4/57			death occurred at_	LAM.	from the causes		e date stated above.
22a. SIGN	IATURE	2 / 2	;		ATTENDING	MED.	STAFF -	22b. DA	TE SIGNED
	(())	1	7666	M.D.	PHYS.	DIRECTOR		16-2	9-66
22c. PHY:	SICIAN'S IE (Type) Dr. A.	m - 11			22d. ADDRESS				
		Talbott	Brice		Jeffers		Md.		Aug (Chata)
23a. BURIAL,	(Specify)				OR CREMATORY		LOCATION (City, to	37.0	nty) (State)
24. FUNERAL	lal 6/30/	66 L	utheran	Cem	etery	MIC BY BE	dletown	Md.	SIGNATURE
	-	200 2 2 2		377		1111	1 1966	May	
Gladi	nill Compan	y, Midd	letown,	Md.	DAT	JUL	T IAAA		4 4

VR A15 (4) 20M 1/65

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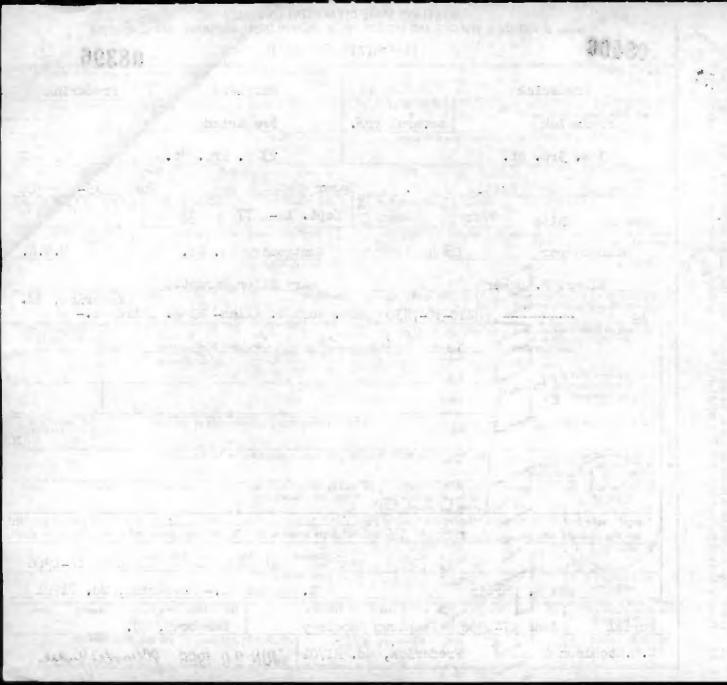
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Marie Andrew Committee Com

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

"	08490 CERTIFIC	TATE OF DEATH 0.83	96
	o. COUNTY Frederick MARYLA	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence of STATE Maryland b. COUNTY Fr	ce before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick several yr	rs. Frederick	nearest tawn)
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 23 E • 3rd • St •	d. STREET ADDRESS 23 E. 3rd. St.	e. IS RESIDENCE ON A FARM? YES NO
1	3. NAME OF First Middle DECEASED (Type or print) Nettie S.	Lost 4. DATE Month OF DEATH June	Doy Year 15- 19 66
4	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	Sept. 11:-1877 Sept. 11:-1877 9. AGE (In yeors IFUNDER North North	Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY Home	Montgomery Co. Md.	U.S.A.
	13. FATHER'S NAME Albert W. Baker	14. MOTHER'S MAIDEN NAME Mary Ellen Burdette	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or doles of service) 220–30–7530	Mrs. Nora V. Allen- 23 E. Third S	
	1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (x).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	with arteriosclarote hear	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause	aserse	
C HOIL	lost. (c)	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO TR
	OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Port I or Port II of item 1B.)	
10010		factory, street, office bldg., etc.)	inty) (Stote)
		d that death accurred at 3PM, fram causes and an th	
1	220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Pay P. Mantin	M.D. PHYS. MED. DIRECTOR PHYS. Jur	ate signed ne 16–1966
2	NAME (Type) Rex R. Martin 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. Date THEREOF June 17–1966 Kemptown		(County) (Stote)
13	24. FUNERAL DIRECTOR Elwas To ADDRESS WE M.R. Etchison & Son Frederick, I	itmore 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	IGNATURE



			MAK	TLAN	DAINE	DEP	AKI	MENI (JF HEA	LIH		
4	Division	of STATISTICAL	RESEARCH	AND	RECORDS,	301	W. I	PRESTON	STREET,	BALTIMORE,	MARYLAND	2120
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	1000000	33		CENTIL	CALL	OI PEAIII				83	31	
1.	PLACE OF DEATH					2. USUAL RESIDENCE (W	There dece			nce befor	e odmissi	on)
П	o. COUNTY	Frederick		MARYI	AND	o. STATE Mary]	land	b. COU		eder:	ick	
	b. CITY OR TOWN	(If outside corporate limit	ts,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If out		rote fimits, write RU				
	write RURAL on	d give neorest town)	erick	vears		Bural	- Fr	ederick		10	. /	
\vdash		TAL OR INSTITUTION (If n				d. STREET ADDRESS	4.4	CUCLION		16	e. IS RESID	DENCE
		loute 7		,,		Route	. 7				ON A F	ARM?
3	NAME OF		irst	Middle		Last	4. DATE	Mon	al.			NO DX
J.	DECEASED		ara	May		Beans	OF	To.	m ine	22.		
2	(Type or print) SEX	6. COLOR OR RACE	7. MARRIÉD			DEALTS.	DEATH	9. AGE (In years			19 I IF UNDER	66
9.				NEVER MARRIED				last birthday)	Manths	Days	Hours	Min.
10	Female	White	WIDOWED	DIVORCED		June 20-189L		72 yrs.	1000			
dur	ing mast at warking	N (Give kind af wark done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County 8				ITIZEN OF OUNTRY?		
	Homemak	er	- A	t Home		Frederick		Md.		1	J.S.A	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
L		iam T. Fog.				Sarah J	ane	Early				
		ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	NFORMANT		Addr	ess			
1,	No		21	8-24-1783	Max	rlin Beans &	Rut	h Cline-R	t.7-I	rede	erick	-Md
	18. CAUSE OF DEATH (Enter anly one couse per line/fo) (o), (b), and (c).)										INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Proncery Acclipton									ONSET AND DEATH		
	4201 DUE TO + M + . O											
	(anditions, if any, which gave rise to immediate couse (a), (b) Utters albraic black black									Year		
	stating the unde		TO							1		
	lost.)	(c)							1		
	PART II. OTHER ST	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	DITION GIV	EN IN PART 1(a)		19.	WAS AUTO	OPSY
(OII)								.,		Y	PERFORMI	NO DE
CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING	205. DE	SCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in P	Port I nr Po	art II of item 18.)			- <u> </u>	110
GR.		CAUSE OF DEATH										
		MEDICAL EXAMINER) URY Month, Day, Yeor	20d 1N	JURY OCCURRED	20a PLAC	E OF INJURY (Hame, form,	20f.	(City or town)	IC.	onty)		State)
MEDICAL	Haur a.	П.	While	Not While		ry, street, office bldg., etc.)		(city at rawn)	(20	(Ying)	_(sidia)
	p.i	III.	ot work			IMIA V	2/2000	1/2	4 30	1.70	. (1) (-
		ify that (I) (this hose eceased alive an_				death accurred a	965		2, 19.			
	22o. SIGNATURE		24	19 17 C, U	nu mai	deam accorred dig		wi, from couses		OATE SIGN		abave.
	A	100	Peace.	C+			MED.	STAFF PHYS.			2-196	6
	22c. PHYSIGIAN'S	ming)	WWW	CL6,	M.D	22d. ADDRESS	DIRECTOR	PHYS. L	علام الد	16 22	-170	0
	NAME Type	Dr. James	B. Thor	nas		Prof. Bld	g I	rederick	. Md.	217	LO)	
22.				T 23c. NAME OF CEMET	EDV OD C			OCATION (City or To				late)
230	REMOVALTS pecify Burial	Zoo. DATE IN						of Frede		(County)	,	tote)
24	BUTTAL	or &	5-1966		Men	2So. REC'D			GISTRARS			-de
2"	M.R.Etc	hison & Son	1	Frederick,	MA	27 707	UN 9	7 1966	Melie	marker 1	Jus	42
				2 - 0401 -011	A THEFT 6	CTIOT DATE	- 11	1 1400		-	0	0

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please somove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 20 M 1/66

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ARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE

SIGNED

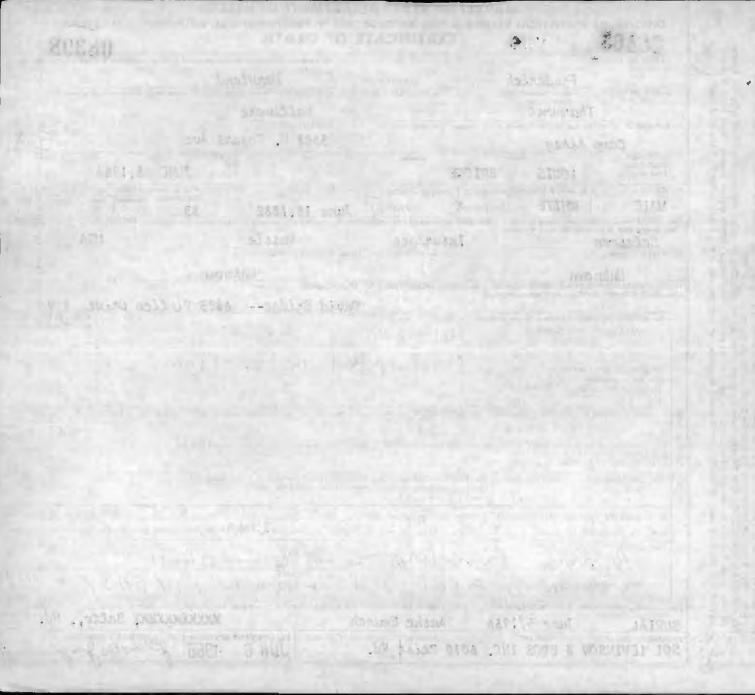
USA

IF UNDER 24 HRS.

ON A FARM?

NO

VR A15 (41) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08409		CERTIF	ICATE	OF DEATH			08399	
1. PLACE OF DEATH o. COUNTY Frederi		MARY		o. STATE Mary	Land	. COUNTY F	rederick	
 b. CITY OR TOWN (If outside corpor write RURAL and give nearest to 	gwn)	c. LENGTH OF STAY II			tside carparate limits, wr	ite RURAL and giv	ve nearest tawn)	
d. NAME OF HOSPITAL OR INSTITUTI		5 year:	S	d. STREET ADDRESS	erick		e. IS RESIDENCE	
Montevue- Co		disa suaai dootass)			Dill Avenue	2	DN A FARM?	
3. NAME OF	First	Middle	lost	4. DATE	Manth	YES NO Day Year		
DECEASED (Type or print)	Charles	William 1	Brown	L	OF DEATH	June	9- 19 66	
S. SEX 6. COLOR OR White		NEVER MARRIED DIVORCED		ug • 21-1878	9. AGE (In ye	ars IF UNDER day) Manths yrs.	1 YEAR OF UNDER 24 HR	
10o. USUAL OCCUPATION (Give kind af w during mast af warking life, even if retire Retired— Dairym	ork done 10h K	IND OF BUSINESS OR HOUSIRY		Frederick			U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N				
John H. Brow					Carroll			
IS. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes give war	or dates of service H	social security no.		nformant nard E. Bur	kett- 216 1	Address Dill Ave	Md. Frederic	
Canditians, if any, which gave nise to immediate couse (a), stating the underlying cause last.	BY: TE CAUSE (a) DUE TO (b) DUE TD (c)	rebral a	rle	rio-sol	Proses		ONSET AND DEATH SCHALO.	
PART II. OTHER SIGNIFICANT COND 200. ACCIDENT WAS UNDERLYING DO OR CONTRIBUTING DICAUSE OF DE	OLLION2 CONTRIBUTING	TO DEATH BUT NOT KEE	ALED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I	(a)	PERFORMED? YES NO	
	HTA	ESCRIBE HOW INJURY OF	CCURRED. (Enter nature of injury in I	Port I or Part II of item	iB.)		
20c. TIME OF INJURY Manth, Doy Hour o.m. p.m.	r, Yeor 20d. I While of war			E OF INJURY (Home, form ory, street, office bldg., etc.)			ounty) (State)	
21. I certify that (I) (this haspital) attended the deceased fram // / , 1965, to the fram causes and an the date stated							the date stated abo	
22a. SIGNATURE S. C. PHYSICIAN'S NAME (Type) The F	22a. SIGNATURE STAFF MED. STAFF DIRECTOR STAFF June 10-1966 22c. PHYSICIAN'S 22d. ADDRESS							
23a. BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEME	TERY OR C	REMATORY emetery	23d. LOCATION (City Frederic	or Town)	(County) (State)	
24. FUNERAL DIRECTOR M.R.Etchison &	Son-27	Frederick	, Md	21701 250. REC'D		Sb. REGISTRAR'S		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please to make carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, or remaval, and incomy event, within 72 haurs after death

VR A15 (4) 20 M 1/66

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	mina) Lita : 3	dept play equipmes
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4.8.0	Property C. Mr.	
	Mine of the	Cond II. House
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Almonte. Lib		

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

084	1.0		CERTIF	ICATE	OF DEATH		08400		
1. PLACE OF DEATI	H				2. USUAL RESIDENCE (V	Where deceased lived, if institu	ition: Residence before admission)		
	rederick		MARY		o. STATE Mary	rland b. cou	Frederick		
	N (If outside corporate timits, and give nearest town)		c, LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
F	rederick		6 weeks		Doub	ວຣ	1 :		
	PITAL OR INSTITUTION (If not in	hospitol, giv	re street address)		d. STREET ADDRESS		e & RESIDENCE ON A FARM?		
Frederick Memorial Hospital						الجائلة بعوجر بادر بد	YES NO X		
3. NAME OF DECEASED (Type or print)	First Lavire	ence	Middle M •	I	lost B rown	4. DATE Mor OF DEATH	June 21- 19 66		
S SEX	6 COLOR OR RACE 7	MARRIED [NEVER MARRIED	1 8	. DATE OF BIRTH	9 AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS		
Male	White	WIDOWED [DIVORCED		Aug. 20-189	90 (sost burthday) 75 yrs	Months Doys Hours Min.		
100 USUAL OCCUPAT	ION (Give kind of work done		O OF BUSINESS OR		11 BIRTHPLACE (County	& State, or foreign (auntry)	12 CITIZEN OF WHAT COUNTRY?		
Retir	ing l.e. even fretired) ed trackman	R	ail Road		Frederick	c Co. Md.	U.S.A.		
13. FATHER'S NAME					14 MOTHER'S MAIDEN !	NAME			
Me	Clellan Brown				Annie	Schroeder			
15 WAS DECEASED I	EVER IN J.S. ARMED FORCES?	16 50	CIAL SECURITY NO.	17 (1	NFORMANT	Add	ress		
(Yes, no, or unknows	EVER IN J.S. ARMED FORCES? n) (If yes give wor or dotes of ser	Not	availabl	e Mrs	s. Hulda M. Brown-Doubs, Md. 21726				
18. CAUSE OF PART I. D	DEATH (Enter only one couse p EATH WAS CAUSED BY:	per line for (c	a), (b), and (c).)	time	heart &	Pailure	INTERVAL BETWEEN		
420	IMMEDIATE CAUSE (o) _ DUE TO		ne. Thorax	mu	1 1-1	0 1.	7412763		
	may such achien achien a	() E	VONS	Co	Osalie	heart dis	JUNE 1965		
rise to immed	iote couse (o), (DIE TO	<u> </u>	<u> </u>		-0 -0	- 7 0-	VOIL 1		
stoting the un	derlying couse (c)								
PART II OTHER	SIGNIFICANT CONDITIONS CONTI	RIBUTING TO	DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(a)	19. WAS AUTOPSY		
ATTON	Bilitin	000	raugu		of leg	2	PERFORMED? YES NO X		
OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	205. DBSC	RIBE HOW INJURY OF	CCURRED (Enter Sture of injury &	Port I or Port II of stem 18.)			
20c TIME OF I	NJURY Month, Doy, Yeor o.m p.m. 19	20d. INJI While at work	URY OCCURRED Not While of work		E OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State)		
21. I ce	rtify that (I) (this haspite		ed the deceased	fram 1	me !	960, to 2/ Jelse	cc , 1966 that (I) (we) las		
saw the	deceased alive an 20	Jun	e_ 1966,	and that	death accurred at	7 a.m.m., from Couses	and an the date stated above		
	220 DIGNATURE M.D. ATTENDING MED. STAFF 22b DATE SIGNED June 22–1966								
22c PHYSICIA			11/		22d. ADDRESS				
NAME (Ty	(Pe) Dr. Charles	s H. C	onley-Jr.		Profession	onal BldgFre	ederick, Md.21701		
230 BURIAL, CREMA)F	23c. NAME OF CEME	TERY OR C	REMATORY	23d LOCATION (City of To	own) (County) (State)		
BUXTACE	June 23-1	1966	Mt. Olive	t Cer	netery	Frederick,	Md. 21701		
24. FUNERAL DIREC	CTOR COMMAN	-	ADDRESS 7	14.7	mero L 250. REC'E	BY REGISTRAR 2Sb. R	REGISTRARS SIGNATURE		
Martar	tchison & Son	T.	rederick,	MO	21701 DATE UN	1 2 4 1966 8	marca Juaga		

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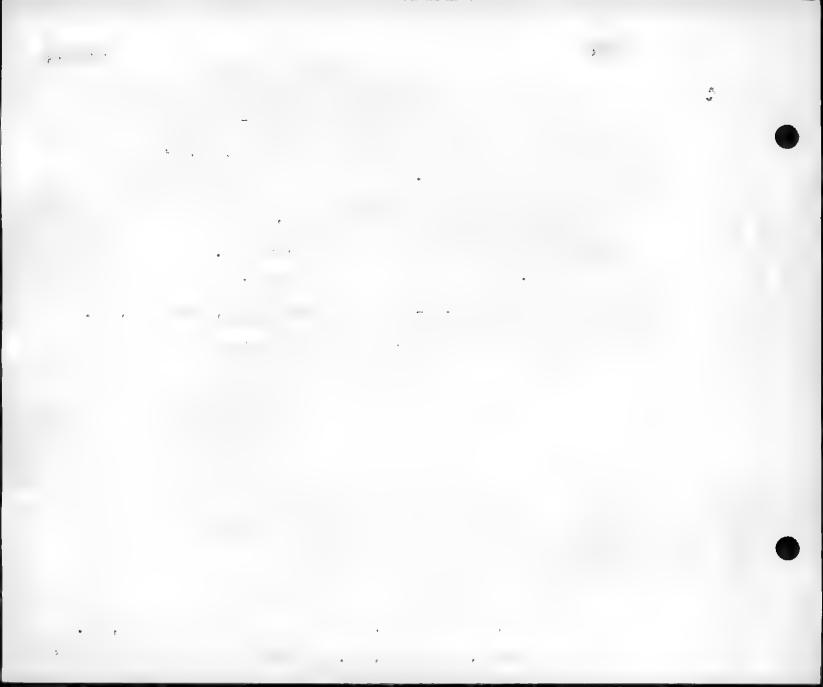
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> VR A15 (4) 20 M 1/66



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARTLAND 21201
e ~	08411 CERTIFICATE OF DEATH 08401
and 2	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission)
hours after death. in by the funeral rs. Pages I and 2 hours after death.	o COUNTY Frederick Maryland b. COUNTY Frederick
offe offic	b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Pag Urs	write RURAL on give necresi town 6 months Rural - Kemptown
hou in b in b in b	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) d. STREET ADDRESS e is residence.
uted within 24 hou impletely filled in b ie carban papers. event, within 72 ho	Frederick Narsing Home RFD # 3, Mt. Airy VES NO
東 正是 .	3 NAME OF Firstman Middle Lost 4 DATE Month Day Year
ted with pletely f carban vent, with	DECEASED (Type or print) OF DEATH June 11 1966
uted impli e cc ven	S SEX A COLOR OF RACE 7 MARRIED ALL MENTED MARRIED ALL SEX A COLOR OF RIGHT AND A SEX A COLOR OF RIGHT
eer eer	Male White WIDOWED T DIVORCED July 20, 1879 86 yrs.
0 2 3 6	Too USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT
ricion din	during most of working life, even if retired) INDUSTRY (OUNTRY?
sicion Sicion plea I, and	Carpenter Building Purdum Md. IISA 13. FATHER'S NAME
rtif Phy en ovc	Thomas E. Brown Sarah E. Poole
in c	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address
e death ce attending permit. Th an, ar remo	(Yes, no grunknown) (If yes give wor ar dotes of service) 218-07-0528 Roscoe Buxton, Damascus, Md.
he at per	1 IR CAUSE OF DEATH (Enter only one couse per line for (pV by and (c))
quires that t physician. signed by the burial-transit burial, crema'	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) ONSET AND DEATH ONSET AND DEATH
# P 4 5 2	4201 DUE TO -
equires physic signed burial- burial,	[Conditions, if ony, which gove) (b) (2 olympia o of General Conditions)
ng n	rise to immediate cause (a), stating the underlying cause
ding ding een the trta	rise to immediate cause (a), stating the underlying couse (b) Concerns (c) Service (c) Concerns
AN: The law rall ar attending all ar attending icate has been for use as the Health priar ta	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
N: 1 ar ar eqts	YES NO EI-
Pital Pital Pital of for of Ho	PERFORMED? YES NO PORTON WAS UNDERLYING OR CONTRIBUTING OF CON
YSI osp cert cert hed hed	a (in current medical examines)
PHYS le host his cer stache Dept.	Hour am While Net While for tony street office hide atr.)
DING by the After the be de State	
A P P P P P P P P P P P P P P P P P P P	21. I certify that (I) (this haspital) attended the deceased from
He Se Fe	saw the deceased alive an1966, and that death accurred at
AL OR ATTENI y be retained L DIRECTOR: A age 3 shauld filed with the	220 SIGNATURE 22b DATE SIGNED 22b DATE SIGNED
ed 3 8 1	ATTENDING PHYS. DIRECTOR STAFF DIRECTOR STAFF DIRECTOR DI
AL CONTRACTOR AL	22c PHYSICIAN'S NAME (Type) A TOTAL
TO HOSPITAI Page 4 may TO FUNERAL directar, pa shauld be f shauld be f	
O HOSP Page 4 r O FUNE directar, shauld	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Page O FUN direct shaul	Burlal June 14,1966 Mt. Olivet Frederick Md.
	24. FUNERAL DIRECTOR ADDRESS 2SQ_RECORD REGISTRAR 25b_REGISTRAR SIGNATURE
VR A15 (4)	Olin L. Molesworth, Damasous, Md. 1966 Charley Judge



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY **b. COUNTY** hours by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If guiside corporate limits, write RURAL and give necrest town) ۾ write RURAL and give neezest town] .⊆ Pages filled . d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE d. STREET ADDRESS YES NO TH completely NAME OF First 4. DATE Middia Lasi Dev DECEASED OF (Typa or print) DEATH 1966 G carbon COLOR OR RACE 17. MARRIED NEVER MARRIED DATE OF AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) 18 Months Devs **Bvent**_z WIDOWED I DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? or fore on country) done during most of working life, even if retired) any please 13. FATHER'S NAME S MAIDEN NAME Henry Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per lit INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ö IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, which gave rise to immediate ceuse DUE TO (a), steting the underlying cause last. (c) the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY CERTIFICATION hospital 80 0 PERFORMED? NO TO 250 prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of stem 18.) ģ of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached After WEDICAL ATTENDING 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ! 201. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. 3 should be de at work at work p.m. State Dept. 10 Jene 10 , 1966, that (1) (wo) last 19 60 21. I certify that (I) (this hospital) attended the deceased from..... 1966 saw the deceased alive on...... may 22e. SIGNATURE 22b. DATE STAFF SIGNED DIRECTOR PHYS. death. Page 4 PHYS. M.D. HOSPITAL page with th 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REMOVAL (Specify) å ëo 24 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR VR A15 (41) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



offsician and completely filled in by the funeral of please remove carbon papers. Pages 1 and 2 validate in any event, within 72 hours after dead. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. The should be filed with the State Dept. of Health prior to burial, cremation, or remains the state between the state of the st

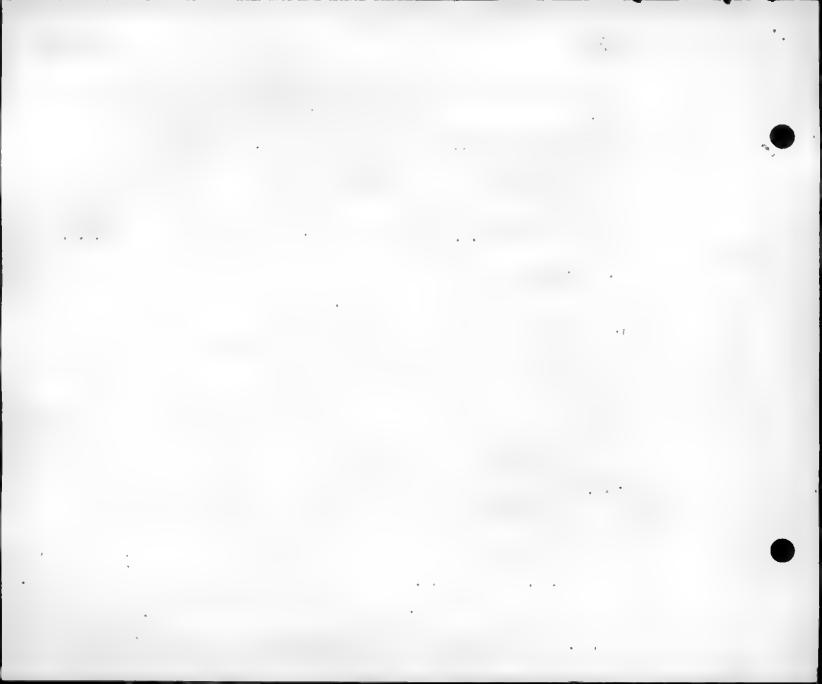
> VR A15 (4) 20M 1/65

	DIVISIO	N OF STATISTIC		LAND STATE DE		HEALTH N STREET, BALTIMOR	RE 1, MARYLAND
6	2413			CERTIFICAT	E OF DEATH		08403
1.	PLACE OF DEATH	_			2. USUAL RESIDENCE	GE (Where deceased lived, If insti	itution: Residence before admission)
	Frederi		1 11 - 11 - 1	MARYLANO	Marylan		erick
	write RURAL	N (if outside corpora and give nearest tow	n)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (II	outside corporate limits, writ	e RURAL and give nearest town)
	Frederi			Minutes	Rural		e. IS RESIDENCE
977				pitai, givo street address			ON A FARM?
		Memorial H			Route #2,		YES NO DE
	NAME OF DECEASED		rst	Middle	Last	4. DATE Month	Oay Year
5. 9	(Type or print)	Charl	1	William	Chick	DEATH June	3 19 66
		6. COLOR OR RACE		NEVER MARRIED	8. OATE OF BIRTH	last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS. Months , Days Hours Min.
Ma		White	WIDOWED		June 16, 191		LAG GITIZEN DE NOIAT
duri:	ng most of work! Mainten	ION (Give kind of working life, even if retire amce	J.C.I	enny's Store	Tuscarora	ounty & State, or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	E			14. MOTHER'S MAIL	EN NAME	
	W. M	ilo Chick			Elsie	Carson	
	WAS DECEASED E	VER IN U.S. ARMED FO		OCIAL SECURITY NO. 17.	INFORMANT	Address	
(162	No No	(If yes give war or dates o	215	26 1208 Mr	s. Alice Chi	ck(Same as ite	m #2)
T	18. CAUSE OF I	DEATH [Enter only on	e cause per line	e for (a), (b), and (c).]		, _1_	INTERVAL BETWEEN ONSET AND CEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE		ete Mysac	ordial &	Marchin	Surenutes
	1201		1 /			l'	1
	Cenditions, if		(b) A.S.	H.D.			10 years +
	gave rise to cause (a), st) BUT	то				
_	underlying caus	e last.	(c)				
CATIO	PART II. OTHER S	IGNIFICANT CONDITI	INS CONTRIBUT	ING TO DEATH BUT NOT REI	LATED TO THE TERMINAL (DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 12
CERTIFICATION	20a. ACCIOENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING NG CAUSE OF DEA IFY MEDICAL EXAMI	TH NER)	SCRIBE HOW INJURY OCC	CURREO. (Enter nature o	injury in Part (or Part II of	Item 18.)
CAL	20c. TIME OF I	NJURY Month, Oay,		fact	ACE OF INJURY (Home, fatory, street, office bldg., e		(County) (State)
MEDICAL	D.TI	Jane 2 19	while at work	Not While at work	(01), 411 001, 011100 0108., 0		
-				the deceased from	Nove 1	964, to June 2	, 1966, that (i) (wa) last
	saw the dec	eased alive on		19 64, and the		M, from the causes a	nd on the date stated above.
	22a. SIGNATUR	E 100 d	1,0,	/		MED STAFF	22b. DATE SIGNED
	K	WILL	dist	· M	.O. PHYS.	OIRECTOR PHYS.	June 3, 1966
	22c. PHYSTGIA NAME (Ty	whole V	eddick,	M.D.	rederick	Medical Center.	Frederick, Md.

Burial (Specify)

Burial June 6, 1966 | Mount Olivet Cemetery | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland | 1966 | Clearles Judget | 1966 | Clea



4

ODEPUTY MED. EXAMINATE This certificate should be executed within 24 hours after death. If any delay, cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death. TO DEPUTY MEDI.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

(1841)4

	DITISION OF	ALVILLIAME VERSEN	NUT AND RECORD	S, JUL W. LVES LOW	SIREEI, DALIIM
130	14	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
	Frederick MARYLAND	2. STATE B. COUNTY Frederick				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)				
	Frederick	Rural- Barthalows /0 -/				
Г	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?				
	Frederick Mem. Hospital	RFD # 1, Mt. Airy YES NO X				
3.	NAME OF First Middle DECEASED	Last 4. OATE Month Day Year				
-	(Type or print) Beulah B. Cl.					
5.	7. MARKIEU ST NEVER MARKIEU	B. DATE OF BIRTH 9. AGE (In years IFUNDER YEAR IFUNDER 24HRS lest birthdey) Months Days Hours Min,				
I	emale White WIDOWED DIVORCED :	Sept. 19, 1898 67 yrs.				
du	a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
_	Housewife FAIHER'S NAME	Frederick Co., Md. USA				
13		14. MOTHER'S MAIDEN NAME				
L	Benjamin Henry Nelson	Mary Poole				
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address				
	No None	Sterling A. Clay, Item 2				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	of the local the linterval between onset and peath				
1	PART I. DEATH WAS CAUSED BY:	estive ocen facture				
	DUE TO ()	0.001				
	Conditions, if eny, which (b) (c) Could Live	yo carried organd				
	couse (a), stoting the DUE TO	ti Houtelli				
	underlying cause lest. (c) (c)	while the targetine				
10 N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA					
S	Healed Myo carbal outar	t- to perference H.D. YES NO !				
MEDICAL CERTIFICATION	20%. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RREO. (Enter n.) three of injury in Part I or Part II of Item 18.)				
A C		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
12	Hour e.m. While - Not While - facto	ry, street, office bldg., etc.)				
Σ	p.m. 19 et work at work					
	21. I certify that I took charge of the remains described above, hel					
	death resulted from: Natural causes Accident , Sui	cide . Homicide , Undetermined manner				
	ACTUAL BY	CHIEF MEDICAL EXAMINER 22. DATE SIGNED				
	SIGNATURE DE GIZZATIZZE	M D. ASSISTANT MEDICAL EXAMINED				
	EXAMINER'S B.O. Thomas, ii.D.	DEPUTY MEDICAL EXAMINER Standards (Street, city, town, or county)				
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)				
	Burial June 21,1966 Marvin Cl	hapel Plane # 4, Md.				
24	FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
	Olin L. Molesworth, Damascus, Md.	DATEN 2 2 1966 Charles Judge				

VR A15ME (5) 5M 1/65



factory, street, office bldg., etc.)

22d.

1966

that (I) (we) last

(State)

saw the deceased alive on 16 22a. SIGNAZURE

MEDI

Hour a.m.

PHYSICIAN'S

NAME (Type)

p.m.

Not While at work While at work 21. I certify that (i) (this hospital) attended the deceased from

> 304 M, from the causes and on the date stated above. and that death occurred at ATTENDING PHYS. DIRECTOR

ADDRESS

22b. DATE SIGNED

BURIAL, CREMATION. REMOVAL (Specify) Burial

DATE THEREOF 23b.

CEMETERY OR CREMATORY MT, Hope

LOCATION (City, town or county)

Weedsbore

REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR G.C.Barton

ADDRESS Walkersville

1966

66 to

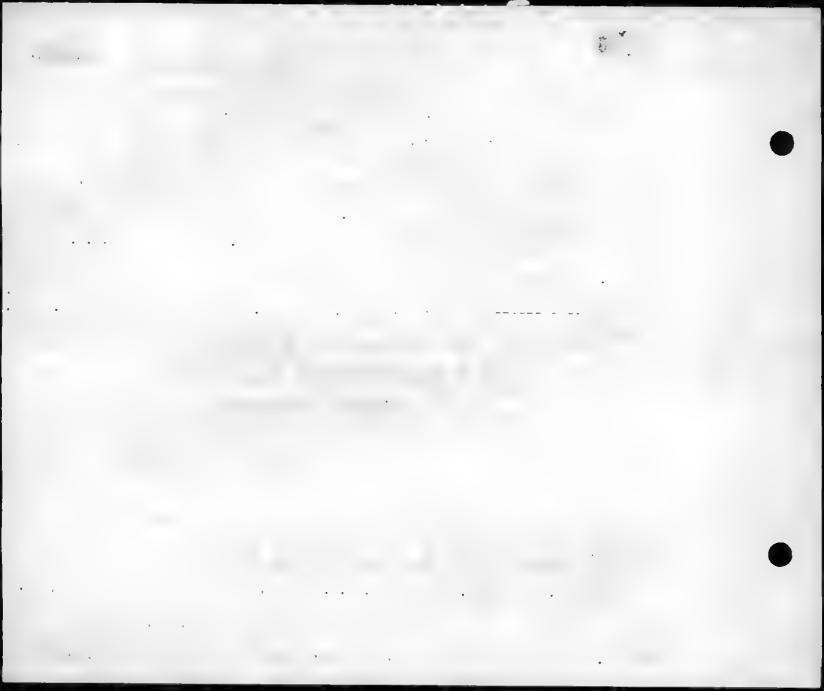
director, p



VR A15 (4) 15M 4-64

	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH
1. PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital	d. STREET ADDRESS 324 Thomas Avenue 8. IS RESIDENCE ON A FARM? YES NO 12
	Last 4. DATE Month Day Year DF DEATH XXXXX June 1, 1966
	8. DATE OF BIRTH August 17, 1895 9. AGE (in years IFUNDER 1 YEAR FUNDER 24 HRS August 17, 1895 70 yrs. Months Days Hours Min.
1Da, USUAL OCCUPATION (Give kind of work done during most of working life even lifethed) 10b, KIND OF BUSINESS OR Working life even lifethed None None	Frederick Co. Maryland 12. CITIZEN OF WHAT USUNTAY?
George W. Cummings	14. MOTHER'S MAIDEN NAME Etta Booth
	s. Nellie K. Cummings 324 Thomas Ave. Fred
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Curvic Conge	The Yarluri Interval BETWEEN ONSET AND DEATH 2 1/105
Conditions, If any, which DUE TO A.S. HEART DIS, W	HTRIALFIB. AND ANGINA 6 YRS.
gave rise to immediate cause (a), stating the underlying cause last. DUE-TO (c) It. PULMONAR!	Y EMPHYSEMA 2C+YRS
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?, YES NO [Y]
	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
Solution Solution	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	that (I) (we) last death occurred at A M, from the causes and on the date stated above
22a. SIGNATURE 22c. PHYSICIAN'S 22c. PHYSICIAN'S	ATTENDING A MED. STAFF 17 1 1911
NAME (Type) Dr. Charles H. Conley, Jr. M	M.D. 228 N. Market Street Frederick, Md.
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 64-1966 Mount Olivet 24. FUNERAL DIRECTOR ADDRESS	
Robert F Walley & Son Frederick, Mary	11111 0 to a Dort to to

MARYLAND STATE DEPARTMENT OF HEALTH



91	41	8
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M

the funeral director, should be filed with

	CATE	<u> </u>	CERTIFICA	ATE OF DEATH	-1	Reg. Dist. No.	18407
1.	PLACE OF DEATH	ediench	MARYLAND	2 USUAL RESIDENCE (W)	tere deceased lived. If institution to Town	rederick	dmission)
Г	b. CITY OR TOWN RURAL and give Braddock	(If outside corporate limits, write negrest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write Rl	JRAE and give nearest	town)
L			2 Years	Hyatts			1
L	OR INSTITUTION		& Rest Home	d. STREET ADDRESS	Hyattstown	1 0	S RESIDENCE ON A FARM? ES NOZ
	NAME OF DECEASED (Type or print)	Byron	Middle E	Darby	4. DATE Mont	,	Year 19 66
5.	SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF I	
	male	WhITE WIDOW	ED DIVORCED	June 7. 18	86 79 m.	Months Days He	ours Min.
100	during most of wo	ION (Give kind of work dane 10b rking life, even if retired)	KIND OF BUSINESS, OR INDU	1 ~	or foreign country) Meny Co.	12 CITIZEN OF W	VHAT COUNTRY
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	7 - 3	-
L	Will	iam W. Darby		Cannie	- murphy		
	WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Add	est	
Ĺ	Yes		17 32 0929 Mr	s. Ethel J. D	arby, Hyattstown	n, Marylan	d
		ATH [Enter only one couse per I	ine for (o), (b), and (c)-]	7		INTERV/	AL BETWEEN
	PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	vyero schen	ofee Hoart 1.	Discare_		Y Court
	1120					1	
	Conditions, if		1				
	gove rise to codse (o), stating						
_	lying couse lost						
S S	PART II. O'	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIV	EN IN PART 1(0) 19 V	WAS AUTOPSY
Ž		Parkenson	5 avec 19,14	(1/ 125 /	Direcu		S NO NO
CERTIFICATION	FOR CONTRIBUTING	AS UNDERLYING (20b. DES G (CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in l	Fort Lor Port II of item 18.)		
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.		Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or town)	(County)	(Stote)
	21. I certify t	hat I ottended the decea	sed from 6/19	1964, to	6/4 1966	that I last saw	the decease
	olive on	6/4 , 12	/ -		self from the couses a		
		0100	0		ADDRESS (Street, city or town, s	slole)	DATE SIGNE
	ACTUAL SIGNATURE	Jul Not	or tran	M.D. Braddock	Heights, Mary.	Land	6/5/6
	PHYSICIAN'S NAME (Type)	L.R.School	man, M. D.	Braddock	Heights, Mary	Land	
L	BURIAL, CREMATI	June 7, 1966	Mount Olivet		22d LOCATION (City, town, o Frederick, Ma	* *	(Stote)
23.		r's SIGNATURE House R. Etchison &			D BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE	2

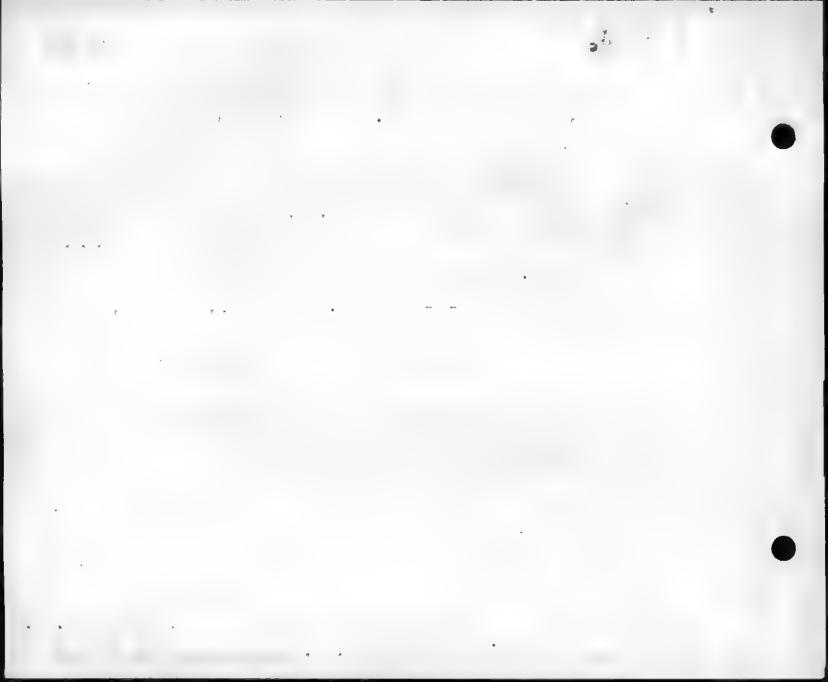
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be related that the haspital or attending physician.

O FUNERAL DIP

R: After this certificate has been signed by the attending physician and campletely filled it page 3 should be deathed for use as the buriot-transit permit. Then please remayerable papers. Pages 1 of the registrar prior to buriot, crematian, ar remayal, and in any event within 72 habits. moy be retained TO FUNERAL DIF VS A15 (4) 15M 9/55



VR A15 (4) 15M 4-64



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral—director, page 3 should be detached for use as the burial-transit permit. Then piease remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. de ster death. TO BORPIAM OR STYERURG PRESIDENT. The law requires that the Math certificate Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

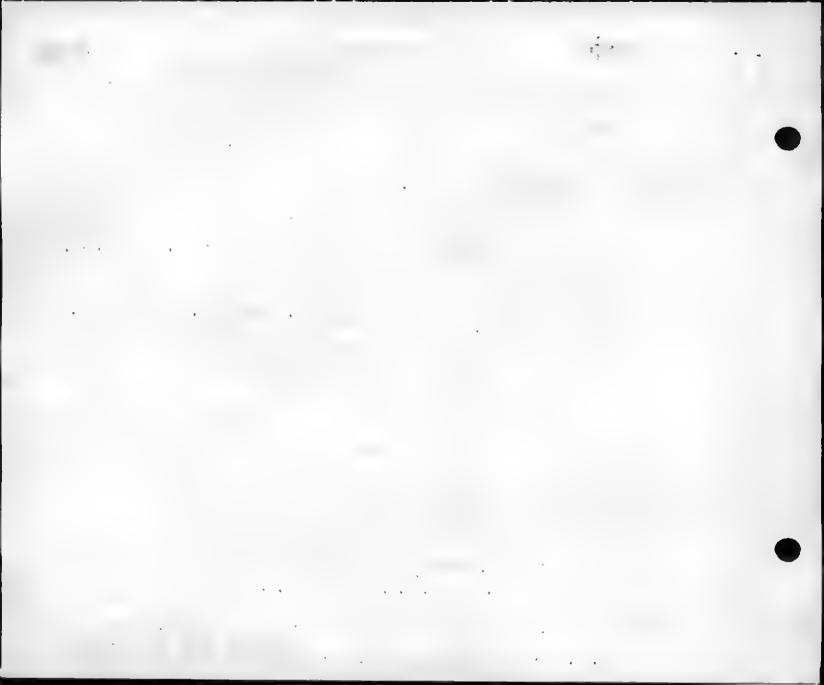
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

				CLRITTOAT	C OI DEATH				04111
1.	PLACE OF DEAT a. COUNTY	Н			2. USUAL RESIDENC	E (Where d			ice before admission)
	Frede	rick		MARYLAND	a. STATE Laryla	and	b. count	ederi	ek
	b. CITY OR TOW	N (if outside corporate limits and give nearest town)		C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If				
	Freder	and give nearest town)		1 month	Middletov	m		1.	1
	d. NAME OF HO	SPITAL OR INSTITUTION (If no	in bo		d. STREET ADDRESS				6. IS RESIDENCE ON A FARM?
	Montev	ue County Hor	ne		W. Main	St.			YES NO X
3.	NAME OF	First		Middle	Last	4. DATE	Month	Da	ay Year
	(Type or print)	Homer		0.	Fink	OF DEAT	н 6	2	3 19 66
5.	SEX	6. COLOR OR RACE 7. MAR	RIED [NEVER MARRIED X	8. OATE OF BIRTH	9			Hours Min.
ma	ale	white wood	WEO [DIVORCEO D	ec. 15, 18	78	87 yrs.	Wonth's Days	Hours Min.
10a	. USUAL OCCUPATION most of work	FION (Give kind of work done 1 ling life, even if retired)	Ob. KII	NO OF BUSINESS OR OUSTRY	11. BIRTHPLACE (Co	unty & Stat	e, or foreign country)	12. CITIZE	N OF WHAT
	type se			spaper	Frederick	Co.	. Md.	U.S.	
13.	FATHER'S NAM	IE .			14. MOTHER'S MAJO		-	-	
	Millar	d Fink			Alice F	Remsb	erg 2105		
		EVER IN U.S. ARMED FORCES? ((If yes give war or dates of service)	16. 9	OCIAL SECURITY NO. 17.	INFORMANT			nave	nworth Pl
,	no	(Transmit All of descriptions)	n	one Mr	s. Osra Si	pes,	Alexand	ria,	Va.
Ī	18. CAUSE OF	DEATH [Enter only one cause	per lir	ne for (a), (b), and (c).]	. /	/			TERVAL BETWEEN NSET AND DEATH
	PART I. D	EATH WAS CAUSED BY:	10	remond ,	17 Atom	rack			war.
		DUE TO			1				
	Conditions, If	any, which) (b)			U				
	gave rise to cause (a), s	immediate (
	underlying caus	rarnik nie							
NOI	PART II. OTHER	SIGNIFICANT CONDITIONS CON	RIDUI	TING TO CEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CO	NDITION GIVEN IN P	ART 1(a) 19	9. WAS AUTOPSY PERFORMED?
CAI									YES NO
CERTIFICATION	20a, ACCIDENT	WAS UNDERLYING 1 2	b. C	ESCRIBE HOW INJURY OCC	JRREO. (Enter nature of	injury in I	Part I or Part II of	Item 18.)	
3	(IF EITHER, NO	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)							
MEDICAL			Od. IN		ICE OF INJURY (Home, fa		(City or town)	(County)	(State)
圓	Hour a.		Vhile work	NOT WRITE	ny, arregr, onice biog., o	10.)	^		
		fy that (I) (this hospital) at			men 10 1	966 to	VIMI ZS	19/4	that (I) (we) last
		ceased alive on Sylvin	20	1906 and tha	t death occurred at				
	22a. SIGNATU		7	1					SIGNEO
	130	supra U- 10	M	M.		MED. DIRECTOR	PHYS.	0/24	+166
	22c. PHYSICI.	er four		1//	22d, ADDRESS			7	1
	I THOME (Dr. Bernard	1 0	. Womas, J	r Freder		_Md		
23a	BURIAL, CRES	MATION, 23b. DATE THEREOF		23c. NAME OF CEMETER	Y OR CREMATORY	23d. 1	LOCATION (City, to	wn or county)	(State)
	burial			Lutheran C			ddletown		ONATION
l	. FUNERAL OIR	- 0		ADDRESS	25a. REC	I BY REG	7 1966 RE	Clare	en Judge
_(Gladhil	l Company, M	ldd	letown, Md.	OATE	0011 A	1000		9



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please, remove carbon papers. Pages, 7 and 2 should be filed with the State Dept. of Health prior to buriol, crematian, or removal, and many event, within 72 haurs offeed onthe ID HOSPITAL OR ATTINDING PHYSICIAM: The low requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physicion. VR A15 (4) 20 M 1/66

	08420)	TICHE REJER		•	OF DEATH				() 8	541	()
	PLACE OF DEATH o. COUNTY Freder					2. USUAL RESIDENCE (V	Vhere deced		ton Resider		odmissio	n)
				MARYL		Maryland						
	write RURAL one	f outside corporate limit give neorest town)	S,	C LENGTH OF STAY IN	i ib	c CITY OR TOWN (If ou	tside corpoi	ote limits, write RL	IKAL ond giv	e neorest	town)	
L	Freder	ick		Years		Frederick					IS RESID	THEF
		AL OR INSTITUTION (If n	ot in hospitol, g	ive street oddress)		d. street Address 500 Gran	. Pla	CO			ON A F	ARM2
		ant Place										NO [35]
3	NAME OF DECEASED (Type of print)	MARSHALL	rst	Middle H•		FULMER	4 DATE OF DEATH	JUNE	ith	Doy 7	Yec 19 6	
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9 AGE (In years Blost birthdoy)	IF UNDER Months	I YEAR Doys	IF UNDER	24 HRS Min.
	Male	White	WIDOWED	▼ DIVORCED		May 25, 188	2	STI ALZ	MOITHS	Doys	110013	141101:
100 dur	. USUAL OCCL PATION ing most of working. Retirec	(Give kind of work done life, even if retired)	Rai.I	ND OF BUSINESS OR DUSTRY Way		11 BIRTHPLACE (County Frederick				TIZEN OF		
13.	FATHER'S NAME					14 MOTHER'S MAIDEN	NAME					
	Harn	an Fulmer				Char	lotte					
15. (Y)	WAS DECEASED EVE es, no. or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16. S	SOCIAL SECURITY NO		NFORMANT NOMAS F. Ful	mer.	Jr.Feaga		Md		
-		ATH (Enter only one co				1					RVAL BET	WEEN
	PART I DEAT	'H WAS CAUSED BY- IMMEDIATE CAUSE	(A	ronary	01	ellesion				ons	ET AND D	EATH
	Conditions, if ony	DUI , which gove)	(b) Cor	onas I	NYL	erico Dori	go in			h	1025	fles
	rise to immediat			V rearry re	700	o co () + (2) oo	00.1			1	0 /0	
	stoting the under	Trying couse	(t)	0								
NION		GNIFICANT CONDITIONS		O DEATH BUT NOT RELA	NTED TO 1	THE TERMINAL DISEASE CON	idition GIV	EN IN PART 1(o)		19 YE	WAS AUTO PERFORM)PSY ED? NO [20]
MEDICAL CERTIFICATION	20a ACCIDENT WA' OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Po	ort II of item 18.)				
MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 20d INJURY OCCURRED While of work											
	21. I certi	fy that (I) (this ho	spital) attend			,	963,	to		4 6 th		
		eceased alive an_	(0)	3_19/26,0	ind tha	t death occurred at		M, from causés				abave
	920. SIGNATURE	nevis.	Tion	rar,	M.I		MED DIRECTOR	STAFF PHYS.		e 9,		6
	27C. PHYSICIAN'S NAME (Type		B. The	omas, M.D.		22d. ADDRESS 228 N. Ma	rket	Street,	Frede	rick	Ma	ryla
230	BURIAL, CREMATIC	ON, 23b DATE TH	IEREOF	23c NAME OF CEMET	TERY OR	CREMATORY	23d. L	OCATION (City or To	own)	(County)	(S	tote)
	230 BURIAL (REMATION, REMOVAL (Specify) 310 Date THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Frederick, Maryland											
	. FUNERAL DIRECTO		ER 7	ADDRESS /		Cay 259 PECT	BY REGIST	RAR 2Shap	EGISTRARS	CICHATIID	100	.6
	M.	R. Etchis	on & Sc	n.Frederic			1.0	1966 /	Market	Dyne	age.	



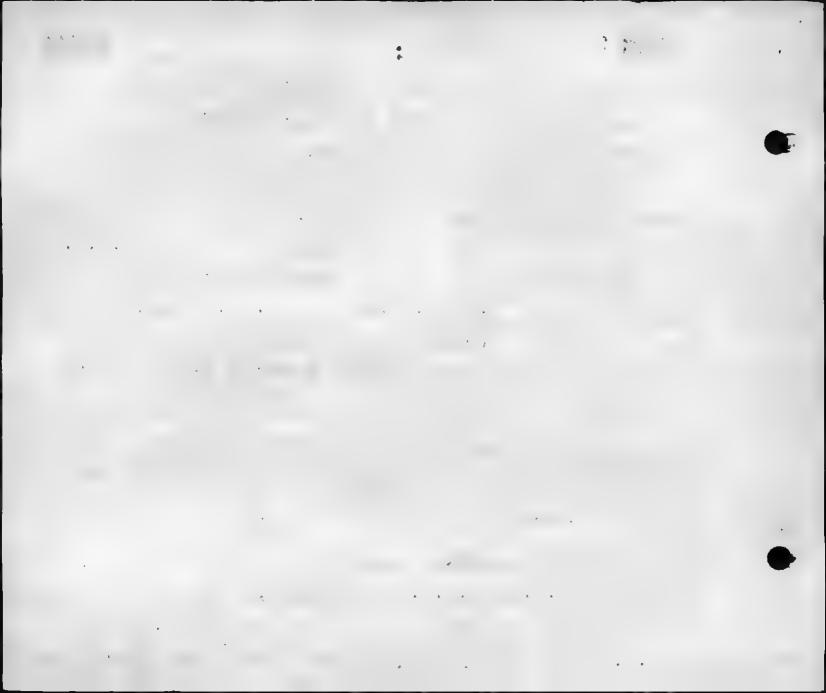
VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

18411

	PLACE OF DEATH B. COUNTY		2. USUAL RESIDENCE (fut on: Residence before admission)
'	Frederick	MARYLAND	* Virginia	b. COUNTY	doun
-	b. CITY OR TOWN (if outs de corporata limits, write RURAL and give neerest town)	e. LENGTH OF STAY IN 16	. 💆	tsida corporata i mits, writa RU	
1	Rural - Jefferson	5 Months	Runal - Lo	vettsville	
	d. NAME OF HOSPITAL OR INSTITUTION (If not In hos		d STREET ADDRESS	40000 A TTTE	IS RESIDENCE ON A FARM?
160	Jefferson NAME OF First	M ddla	Route #1	DATE Month	Day Year HO
	DECEASED Lillian (Type or print)	Irene	&reen ,	of June	28 1966
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 1 8	DATE OF BIRTH	9. AGE (In years IF last birthday) M	UNDER 1 YEAR IF UNDER 24 HRS.
		DIVORCED A	ugust 28,1891	71 yrs.	12. CITIZEN OF WHAT COUNTRY?
do	na during most of working l.fa, avan if ratired)				22 C A
13.	FATHER'S NAME		Virginia 14. MOTHER'S MAIDEN NAM	AE .	
	Robert Samuel Connor		Effic Jane		
15. (Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. s, no, or unkown) (liyasgivewarordalasofsarvica)			Addrass	
	No 23		est Green, Rt.	# 1,Jefferson	
	18. CAUSE OF DEATH [Enter only one cause per	na for (a), (b), and (c).]		*	INTERVAL BETWEEN ONSET AND GEATH
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	MRCSON BUX	000 12510		_
	4.2 DUE TO	0,0	. 1		
	Conditions, if any, which) (b)	to some - Ex	entre hear	- DISPASS	16 CA2-1.
	gava rise to immadiata causa DUE TO				0
	(a), slating the undarlying cause last.				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUT NG TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	
MIG	_				YES NO M
IFIC,	20a. ACCIDENT WAS UNDERLYING [] 20b. DES	CRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part	Lor Part II of item 18.)	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	, , , , , , , , , , , , , , , , , , , ,	, (4.1.2. 1.2. 0.1. 2. 1.1. 7. 1.1. 2.1.		
CAL		F 4	CE OF INJURY (Homa, farm, ory, street, office bldg., atc.)	20f. (City or town)	(County) (State)
MEDI	Hour a.m. While	a Not Whila taerd	ory, straet, diffica bldg., alc.)		
	21. I certify that (I) (No hospital) after	ded the deceased from	1-1-19	6 to 6-28	, 19.50, that (I) (we) last
				-	d on the date stated above.
	22a SIGNATURE			'	22b, DATE
	VENTON	- D	ATTENDING MED.	STAFF	June 30, 1966
	22c. PHYSICIAN'S		22d. ADDRESS		
	NAME (Type) C. E. Prus	Ltt, M. D.	_ Brunswick,	Maryland	
23a	BURIAL, CREMATION, 235, DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 2	3d. LOCATION (City, town	or county) (Stata)
I	REMOVAL (Specify) July 1, 1966	Union Cemetery		Lovettsville,	Mirginia
24		M ADDRESS Led	2 /2 100 00000	BY REGISTRAR , 256. REGIS	
			/.	IL 1 1966	Marle Judge
J	M. R. Etchison & Son,	TARGETT CK WA	ry and		



TO HOSEITAL OR ATTENGING PHYSICIAN: The law requires that the deats certificate seconted within 24 ments after leath.

Page 4 may be retained by the hospital of attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The please remove carbon papers. Pages 1, and 2 should be filled with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deats.

VR AI5 (4) 20M 1/65

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		MARYLAND STATE DEPARTMENT OF HEALTH	·
	DIVISION OF S	MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	I, MARYLAND
	10326	CERTIFICATE OF DEATH	08412
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution	on: Residence before a

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
Frederick MARYLANO	a. STATE b. COUNTY Ilarvland Frederick				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				
	10 1				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Frederick d. STREET ADDRESS e. IS RESIDENCE				
	ON A FARM?				
Frederick Memorial Hospital	1192-A North Market Street VES NO				
3. NAME OF First Middle DECEASED	Last 4. DATE Month Gay Year				
	Heiser DEATH June 29, 1966				
	8 DATE OF RIDTH 19 ACE (IN YEAR LETINOER 1 YEAR HELINOER 24 HRS				
Male White WIOOWEO OIVORCEO	March 29, 1891 75 yrs. Months Oays Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Laborer Bakery	Frederick Co. Md. U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME				
Joseph Heiser	Martha Brightwell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	INFORMANT Address				
(Yes, no, or unknown) (If yes give war or dates of service)	36 IF Tr. +				
	rs. Mary V. Heiser Same as Above				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 PART I. OEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (a)	A Jacobs & Juser				
27/0 OUE TO TO	1-1-4				
Conditions, If any, which gave rise to immediate (b)	eugenes				
cause (a), stating the OUE TO					
underlying cause last. (c)	uncualitis				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?				
CAI	YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	IRREO. (Enter nature of injury in Part I or Part II of Item 18.)				
101	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)				
Hour a.m. p,m. 19 at work at work	ny, an eet, onice bidg., etc./				
21. I certify that (I) (this hospital) attended the deceased from	2/15 1964 to 6/29, 1966, that (1) (we) last				
1 10 11	t death occurred atM, from the causes and on the date stated above.				
saw the deceased alive on 6/29/19/66, and that	22b. OATE SIGNEO				
A Company of the comp	ATTENOING MED. STAFF				
AZC. PHYSICIAN'S M.C), PHYS. OIRECTOR PHYS.				
NAME (Type) Dr. James B. Thomas	Professional Building Frederick				
23a BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERS					
Burial Vuly 3, 1966 Linganore	Cemetery Frederick Co. Md. 1 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
C. M. Waltz Box 241 Sykesville, M	d. DATE JUL 5 1966 Scharles Judge				

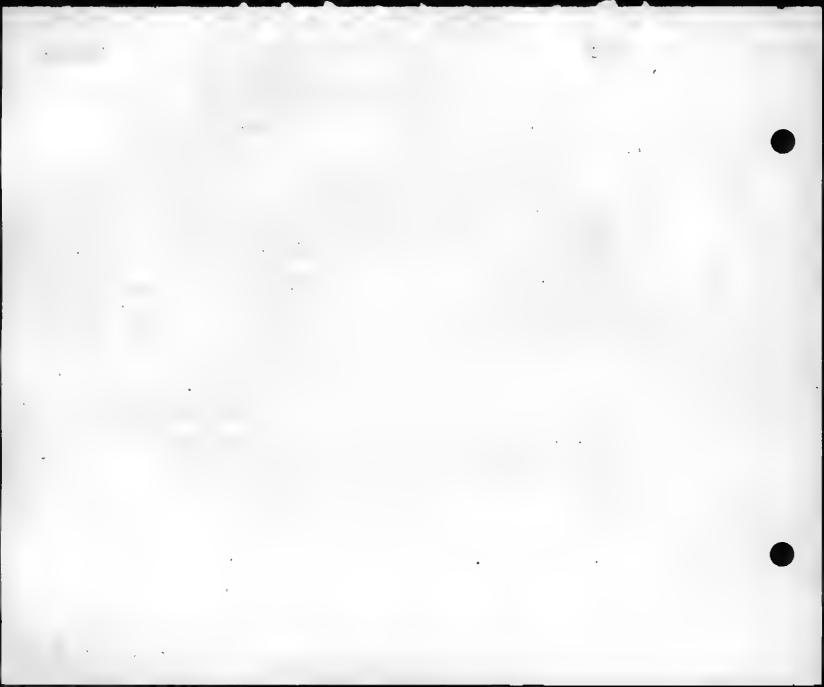


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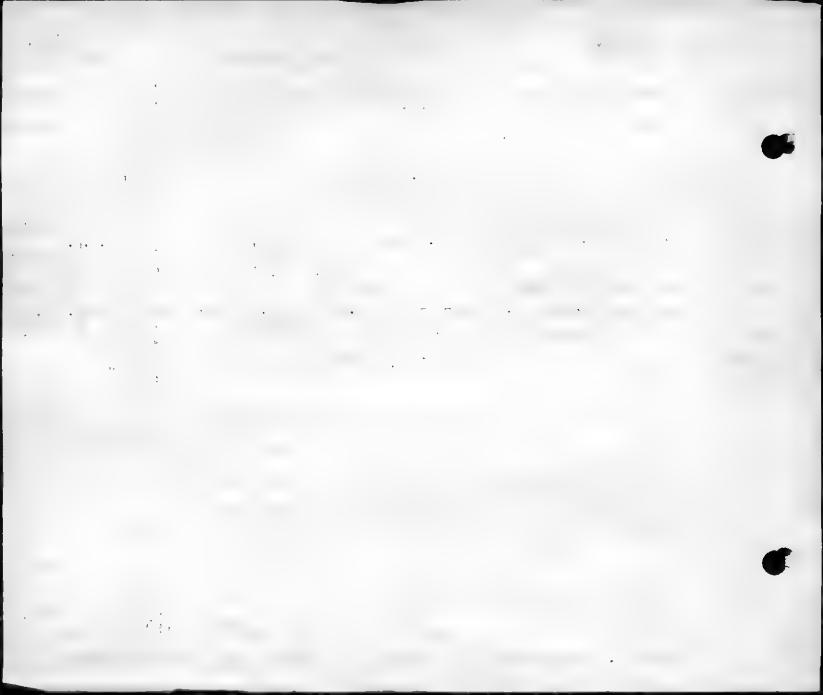
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06419

					7 1 1)
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	(Where deceased lived, I		e before admission)
Frederick	MARYLAND	a, STATE Mary		ounty Frederick	_
	LENGTH OF STAY IN 1b	c. CITY DR TOWN (If o	utside corporate limits		
Braddock Heights	3 3 years	Burkittsv	ille	10-	/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	ome				YES NO T
3. NAME DF First DECEASED	Middle	Last	DF	onth Day	Year
(Type or print) Stella		ghtman		22	1966
5. SEX 6. COLOR OR RACE 7. MARRIED Temale White WIDOWED	INCAER WHENTED	1/25/1888	9. AGE (In year		Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND	DF BUSINESS OR	11. BIRT HPLACE (Cou	nty & State, or foreign cou	intry) 12. CITIZEN	
during most of working life, even if retired) Nou sewife own	JSTRY COM C	Fraderiek	00 1/2	CDUNTR	
13. FATHER'S NAME	TORIG	Frederick	N NAME	I U.S.	
Daniel Zecher		Amanda D			
15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SO	CIALSECURITYNO. 1 17.	INFORMANT	Ad	d.2309 Bay	lor Ave
(Yes, no, or unkown) (If yes give war or dates of service)		s. David W	ells col	lege Parl	s Md
no		D. DUVEC II	0113, 001.		
18. CAUSE OF DEATH (Enter only one cause per line	for (a), (b), and (c). }			DNS	ERVAL BETWEEN SET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mulrie	call		le	JHO.
DUE TD		(00)	-	_	
Conditions, if any, which (b)	Crelral	Theren	16031)	at at	yns
gave rise to Immediate cause (a), stating the DUE TD			arturesa		
underlying cause last. (c)	21ancos	auncial	100/ 130	Ceres 5	MIND
	NG TO DEATH BUT NOT RELA	VED TO THE TERMINAL D	SEASE CONDITION GIVEN	VIN PART 1(a) 19.	WAS AUTDPSY PERFORMED?
8 Muchello	thensus 1	prevous	5eros	Y	ES ND Z
20a. ACCIDENT WAS UNDERLYING 1 20b. DES	CRIBE HOW INJURY ORCU	V — — — — — — — — — — — — — — — — — — —	Injury in Part I or Part	II of Item 18.)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTION ACCIDENT WAS UNDERLYING 1 20b. DES DR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	•	•			
	JRY OCCURRED 120e, PLA	CE OF INJURY (Home, fari	m. 20f. (City or town	(County)	(State)
Hour a.m. 19 at work		ry, street, office bldg., etc		, (000111),	,,
	at work	P	1-1-		
21. I certify that (I) (this hospital) attended			63 to		hat (I) (we) last
saw the deceased alive on	1966 and that	death occurred at 11.	SCHM, from the caus		
22a. SIGNATURE	NO1	ATTENDING M	ED STAFF	22b. DATE S	IGNED
I Jailean	Mica.D), PHYS.	RECTOR PHYS.	16/24	166
22c. PHYSICHAN'S NAME (Type) To a GO 2.2		22d. ADDRESS		,	
NAME (Type) Dr. A. Talboti	Brice	Jeffer	son, Md.		
	23c. NAME OF CEMETERY		23d. LOCATION (Cit	y, town or county)	(State)
burial 6/25/66	Union Ceme	tery	Burkitts	ville. Mo	1
24. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 25b.	REGISTRAR'S SIGI	NATURE
Gladhill Company, Middl	Letown, "d.	DATE	UN 27 1966	Acharle	y Judge

15 (4) 1/65 VR ALS



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE HEALTH DEPT: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edinission) a. COUNTY ay is necessary, al director. Page for your files, **b.** COUNTY Frederick ö Maryland Frederick MARYLAND Department death. c. CITY OR TOWN (If outside eurporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits, «. LENGTH OF STAY IN 1b write RURAL and give neerest town)
Frederick Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained for Durial-transit permit. File pages 1 and 2, with the Table Durial transvers, and in any event within 72 med.s. after decorate and in any event within 72 med.s. after decorate and in any event within 72 med.s. after decorate and in any event within 72 med.s. after decorate and in any event within 72 med.s. 29 East Third Street 29 East Third Street YES NO X 3. NAME OF 4. DATE Middle DECERSED DEATH June ADDISON 1966 HOFFMAN (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED and 2 within 5. SEX 9. AGE [In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH lest birthday) Months Devs Male WIDOWED K January 8, 1891 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Bailiff Co. Court House U.S.A. Ret. Grocer Frederick. Maryland 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME EDICAL EXAMINER: This certificate should be executed within 24 Ezra Hoffman any Ada Mehrling 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 5 Address (Yes, no, or unkown) ((If yes give war or detes of service) and No. | XXXXXXXXXX | 218-30-9693 | Mr. Addison L. Hoffman Braddock Hats Md. | 18. CRUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). or removal, ONSET AND DEATH PART L DEATH WAS CAUSED BY: (MMEDIATE CAUSE (e) Coronary Occlusion DUE TO Arteriosclerotic HEart Disease Conditions, if any, which "pending" gave rise to immediate cause 15 Examiner's DUE TO (a), stating the underlying used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? 2 the word Medical NO N should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2 PRIMARY | or CONTRIBUTING | the certificate, writing the orwarded to the Chief N DIRECTOR: Page 3 st prior CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 1 20f. (City or town) sase execute the certificate, writing should be forwarded to the Chirameter DIRECTOR: Page Month, Dev. Yeer (Stete fectory, street, office bldg., etc. While Not While Hour B.m. et work et work Inspection -21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry 2 and in my opinion death resulted from: Accident Suicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 2 DEPUT 8 EXAMINER'S NAME (Type) TO PU. Health Address (Street, city, town, or county) 22e, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Stela) DATE THEREOF 22d. LOCATION (City, town, or county) Burial (Specify) Mount Olivet Cemetery Frederick, Maryland DORESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTO VR AISME Frederick, Maryland IN. 5M 1/63

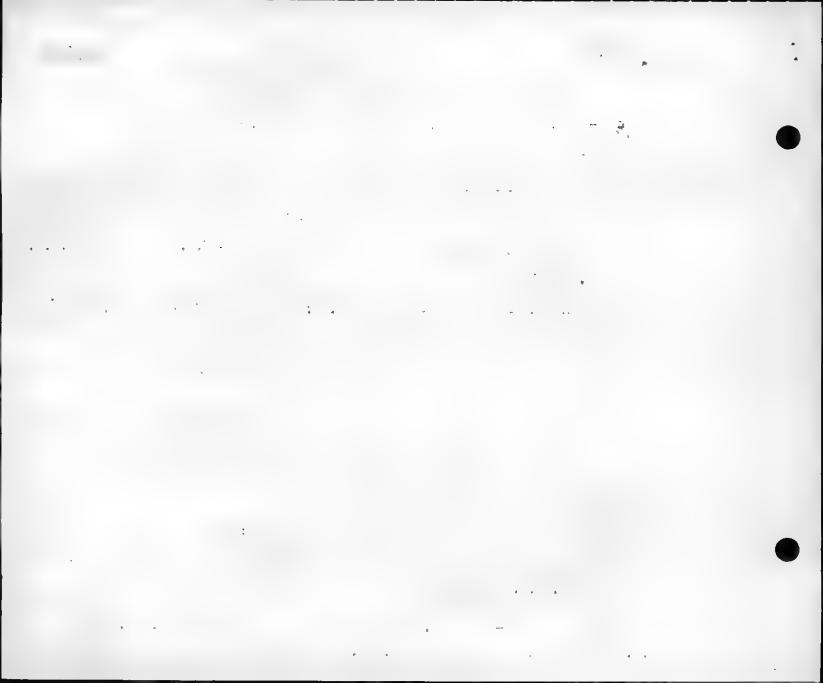


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

~ 1	-		28423	é		CERTIFIC	CATE	OF DEATH			08415)
	10		PLACE OF DEATH					2. USUAL RESIDENCE (W			nce before admissio	on)
fune 1 a		1	a. COUNTY	Frederick		MARYLA	MD	a STATE Mary.	land	COUNTY F	rederick	
the ages s aft			o. (ITY OR TOWN (I	f autside carparate limit	\$,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outs	ite RURAL and giv	e nearest tawn)		
by Pc			Rural	give nearest town) Thurmont		7 years		Rural - Thurmont / ^				
d in Ders 72 h	40	1	name of Hosp.Ti	AL OR INSTITUTION (IF no	ot in haspital, (give street address)		d STREET ADDRESS	- 1		e IS RESID ON A FA	ARM?
fille par fille	1	-						Rout	€ ⊥ 4 DATE	44 4		NOX
충호형		l le	NAME OF DECEASED		^{ist} arence	Middle	Ties		OF	Month June	10- 10	66
ea g tel			Type or print) SEX	6 COLOR OR RACE	7. MARRIED	Rushton NEVER MARRIED		okins , date of birth	DEATH 9 AGE (In ye	eers IF UNDER	TYEAR IF UNDER	
can nove			Male	White	WIDOWED	DIVORCEO	HI	lay 4- 1893	last birthd	ay) Manths	Days Hours	Min.
and ren in ar		10a	USBAL OCCUPATION	(G ve kind of wark dane	10b. Kl	ND OF BUSINESS OR		11 BIRTHPLACE (County &		12. 0	IT ZEN OF WHAT	
ian		dW.	etired E	re, even if retired) xplosive En	gineer	DOZIKY		Mountain L	*		U.S.	A.
ysic al, c		13.	FATHER S NAME					14. MOTHER'S MAIDEN NA Estella				
Ther may				H. Hopkins	En	COCIAL CECUDITY NO	1 12 1	FORMANT		Address		
signed by the attending plysician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and burial, cremation, at remaval, and in any event, within 72 haurs after deast		15. (Ye	was deceased eve s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war at dates)	of service)	SOCIAL SECURITY NO 9-09-5113		s. E. Robert	a Hopkins-		L-Thurmon	ıt-
atte perm jan,				ATH (Enter only one co			3512	34 25 100002 0			INTERVAL BET	
the mat			PART I. DEAT	H WAS CAUSED BY	(a) (1)	all some	سرويد	y Thenw	bour		ONSET AND D	
signed by the burial-transit burial, cremati			13-	DUE	10	, ,	0	or there			saven	(
gneg			Conditions, if ony,	which gave	(b) Cirl	ervosebrot	10 0	endervosex	la disa		year	ar.
			rise to immediat stating the under		TO							
bee s th iar t			last)	(c)					,	19. WAS AUTO	ODEV
has se a sh pr		NOI	PART II. OTHER SI		ONTRIBUTING		FD 10 I	HE TERMINAL DISEASE CONE	DITION GIVEN IN PART 1	(a)	PERFORM	E03
are or lealt	•	FICAT	20o ACCIDENT WAS	000			HRRED /	Enter nature of injury in Po	art Lar Part II of item	IR1	YES	NO X
af H		CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	203. 34	SKIDE HOH HOURT OF	DIRECT.	Enter notice of injury in the		16.7		
ache lept.		MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Year				E OF INJURY (Hame, farm,	20f. (City or to	wn) (Co	unty) ((State)
r the det		MED	Haur a.r p.r	n. 19	While at war	k Not While at work		ory, street, affice bldg., etc.)				
Afte J be S Sto			21. I certi	fy that (I) (this ho	spital) atten	ded the deceased fr	rom	death accurred at	64, to Jen	ne 10, 19	64, that (I) f	we) last
agge				eceased alive an_	June	10 19 64 , ar	nd thất	death accurred at	3:30AM, fram ca	uses and an	the date stated	abave.
S sh			22a. SIGNATURE	a Mes	then a	ert.	M.E		MED. STAFF DIRECTOR PHYS.	72b. 1	pate signed e 11–1960	5
Ed e	- /		22c PHYSICIAN S	01.7600	٠٠٠ ع		PYL E	22d. ADDRESS				
Per Per			NAME (Type	Dr. E.A.	Dettbar	n		Walkersvi	lle, Maryl	and 217	93	
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to		230	BURIAL, CREMATIC	ON, 23b OATE TH	EREOF	23t. NAME OF CEMETE	ERY OR	REMATORY	23d LOCATION (City	ar Tawn)	(Caunty) (S	itate)
5 je 48	0		REMOVAL (Specify Burial			Mt. Olivet			Frederic	k, Md.	21701	
VR AT5 (4)	The	24	M P Etab	ison & Son	d Ti	rederick,	35	1701 250. REC'D	BY REGISTRAR 2	Sb. REGISTRAR'S	SIGNATURE	
20 M 1/66	174		THE THE PLACE	TROUT OF DOLL	1	TOUGHTON D	24 CA @ Ca	THE COLD DISTRIBUTION	T = 1200	1	V/1 1/1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR AT 20 M



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death hours after death 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Frederick Frederick Maryland MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours l week Thurmont Frederick filled in e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS DN A FARM? Frederick Memorial Hospital RD 2 completely 1 executed within Middle Last DATE Month DECEASED June 56 Carroll Lee Humerick 19 (Type or print) DEATH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 8. in any Dec. white male WIDOWED DIVORCED [nding physician and Then please removed and in 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the hospital or attending physician. during most of working life, even if retired) Odd Jobs Frederick Co. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cora M. Isanogle Harry C. Humerick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT as been signed by the atten as the burial-transit permit. prior to burial, cremation, or (Yes, no or unkown) (If yes mine was neglates of service) 217-05-6320 Thurmont, Md. RD 2 Cora M. Humerick INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Severe alcoholism yrs. IMMEDIATE CAUSE (a) DUE TD l week Broncho pneumonia Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the l week Delirium tremons underlying cause last. certificate has (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p PERFORMED? YES THE NO I 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) be detached fr State Dept. of F this MEDICAL (State) (County) TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While After at work at work FUNERAL DIRECTOR: At director, page 3 should should be filed with the S 10 21. I certify that (I) (this hospital) attended the deceased from. 2 19 (that (I) (we) last M, from the causes and on the date stated above. ell 19 6 4 and that death occurred at saw the deceased alive pn_ 22b. DATE SIGNED SIGNATURE 22a. DIRECTOR ___ M.D. Fage 4 may | PHYSICIAN'S 22d. **ADDRESS** director, p should be NAME (Type) (State) BURIAL, CREMATION, REMDYAL (Specify) Bur 1a I NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 2 Fred Md Blue Ridge Cemetery Thurmont 6-15-66 ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Thurmont. Md. VR A15 (4) 15M 4-64



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then alease remove carban papers Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 hours, after depth TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

		DIAISION OF 21 VIIZITCHE	KESEAKUT AND KELUKUS, SU	W. PRESIUM SIRE	EI, BALIIMUKE, MAKTI	LAND 21201				
	08427		CERTIFICATE	OF DEATH		08417				
1,	PLACE OF DEATH					t an Residence before odmission)				
ł	o. COUNTY	rederick	MARYLAND	o STATE Maryland b. COUNTY Frederick						
	b CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b		tside carporote limits, write RU	RAL and give nearest town)				
	write RURAL on	d give negrest town) rederick	2 weeks	Buc	keystown	1 . 1				
	d NAME OF HOSPIT	TAL OR INSTITUTION (If not in hos	spitol, give street address)	d STREET ADDRESS		e IS RESIDENCE On a Farm?				
	Frederic	k Nursing & Co	nvalescent Center			YES NO X				
3	NAME OF	First	Middle	Lost	4 DATE Mon	th Doy Year				
	DECEASED (Type or print)	Charl	es H.	Kehne - Sr.	DEATH JU	ine 23- 19 66				
S.	SEX	6 COLOR OR RACE 7 MA		B. DATE OF BIRTH	9. AGE (In years	1F UNDER 1 YEAR 1F UNDER 24 HRS				
	Male	White WID	OWED DIVORCED	Sept. 4-18	87 (ast bythdoy) 78 yrs	Months Days Haurs Min.				
			10b KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
		Merchant	Furniture		k Co. Md.	U. S. A.				
13.	FATHER'S NAME			14 MOTHER'S MAIDEN N	NAME					
L		eorge Dallas Ke			Frances Feet					
15	. WAS DECEASED EVE es. ng. gr unkngwn)	ER IN U.S. ARMED FORCES? [(If yes give wor or dotes of service		NFORMANT	Addr	***				
Ĺ	No		217- 28-0895 Mrs	. Ella F. K	ehne- Buckeyst	town, Md. 21717				
	18 CAUSE OF D	EATH (Enter only one couse per I TH WAS CAUSED BY:	the for (o), (b), and (c).)	to a tal	10	INTERVAL BETWEEN ONSET AND DEATH				
	4	IMMEDIATE CAUSE (o)	solve worker	priorita		124cs.				
	Canditians, if any	which gours		/						
	rise to immediat									
	stating the unde	eriying couse {								
	DART II OTHER S	(c)	JTING TO DEATH BUT NOT RELATED TO	DIC TERMINAL DICCACE COA	IDITION CIVEN IN DADT 1/-1	19. WAS AUTOPSY				
NO	PART II OTHER S	, P		THE TERMINAL VISEASE CON	IDITION GIVEN IN PART 1(0)	PERFORMED?				
S	- 4 cc Deliving	Hyperto	many Man	y acco.	Death of Death of Access 202	YES NO				
CERTIFICATION	OR CONTRIBUTING	GET CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature at injury in	Port I at Port II at item 18.)					
A C	(IF EITHER, NOTIFY	' MEDICAL EXAMINER)	and hilling occupants. I am hill	es as lumber of	00/ (5/)	(C				
MEDICAL (20c. TIME OF INJ Haur a.i	URY Manth, Doy, Year m.	20d. INJURY OCCURRED 20e. PLAI While Not While fact	CE OF INJURY (Home, farm ary, street, affice bldg , etc.)	n, 20f. (City ar tawn)	(Caunty) (State)				
2	p.i		otwork 🗀 atwark 🗀		11 1/2	16				
		ify that (I) (this hospital) leceased alive an	attended the deceased fram	t death accurred as	9 gt to 6 2 2	, 19 <i>GO</i> that (I) (we) la				
	22p SIGNATURE		17 000 0110 1110	dealli accorred on	Z P III, HOIII COOSES	22b DATE SIGNED				
	(Y)	10 1 KL	mille In	D. PHYS.	MED. STAFF DIRECTOR PHYS.	June 24-1966				
	22c PHYSICIAN'S		1//	22d. ADDRESS						
	NAME (Type	Dr. Charles H	Conley-Jr	Prof. Blo	igFrederick-	Md. 21701				
23	BURIAL, CREMATI	ON, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or To	,				
	REMOVA (Specify Burial	June 26-19				k- Md. 21701				
2	1. FUNERAL DIRECTO	OR Elwood T.	ADDRESS Whits	noze_ 250. RECT	BY REGISTRAR 2Sb. R	EGISTRAR'S SIGNATURE				
	M.R.Et	chison & Son	Frederick-Md.2.	1701 DATE J	UN 27 1956	Charles Judge				



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08425				CERTIFIC	CATE	OF DEATH				(1841	8
Ī	PLACE OF DEATH						2 USUAL RESIDENCE (V	Vhere deceased			etare admiss	ian)
	a. COUNTY	Frederick			MARYLA			yland	b. COUNTY	Fre	derick	
Г		lf outside corporate limit d give pearest tawn)	5,	c LENG	TH OF STAY IN	lb	c CITY OR TOWN (IF ou	tside corporate	limits, write RURAL	ond give ne	orest town)	
	Fred	lerick		7	rears		Fre	derick		1	c -1	
	d NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospit	ol, give stree	address)		d STREET ADDRESS				e IS RES	IDENCE EAD M2
	Free	derick Memo	rial	Hospit	al		228	Dill A	venue			NO X
3	NAME OF	f.	rst		Middle		Last	4 DATE	Month		Doy Ye	901
	(Type or print)	Ma	тy	(7 7 o	L	ochner	OF DEATH	June	1	8 19	66
5	SEX	6 COLOR OR RACE	7 MARRI	ED 🖹 N	EVER MARRIED	M 8	DATE OF BIRTH				AR IFUNDE	R 24 HRS
	Female	White		ED 🔀	DIVORCED		Oct. 23- 18	76	ost birthdoy) 1	Months Do	ys Hours	Min.
10	o. USUAL OCCU PATIOI	Give kind of work done	105	KIND OF BU	JSINESS OR		11 BIRTHPLACE (County	& Stote, ar foreiç	gn cauntry)		N OF WHAT	
đι	ring mast of warking Homemal	re, even it retired) CAT	0	INDUSTRY WM Hon	n e		Frederick	Co. Mc	1.	COUNT	U.S	A.
13	B. FATHER'S NAME			1122 1201			14. MOTHER'S MAIDEN I	IAME				
	Charles	Stone					Susan 0	gle				
13	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	, ,	16. SOCIAL SE	CURITY NO.	17. #	IFORMANT		Address		Md.	
6	No No	(If yes give wor ar dates	at service)	21/1-10	1737D	Mrs	. Walter J.	Davis-	- 228 Dil	l Ave	Frede	rick
		which gave)	(o) 10 (b) (d)	rur	eardi is-Se	al Un	failur hea	st d	is.	M 1	? !!	DEATH (Glo
TION	PART II, OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTION			ED TO T	HE TERMINAL DISEASE CON		N PART 1(o)		191 WAS AUT PERFORM YES []	
MEDICAL CERTIFICATION	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205	DESCRIBE H	OW NURY OCC	JRRED. (Enter nature of injury in	Part i ar Port II	of item 18)		10 []	(<u>ra</u>
MEDICA	20c TIME OF INJ Hour ou	10	W		CURRED 2 If While I a	Oe. PLAC focto	E OF INJURY (Hame, farm ry, street, affice bldg., etc.)	, 20f (City ar town)	(County)	(State)
		fy that (I) (this ho		tended the	deceased fr	om_5 id that	death accurred at	964-, to 6:30am,	fram causes or	ر 19 <u>لوک</u> nd on the	, that (I) date state	(we) las d abave
	276) SIGNATURE	eles H (Bu	ley	1	M.D	7.111	MED DIRECTOR [STAFF DHYS.	June	18 –1 9	66_
	22c. PHYSICIAN'S NAME (Type	Dr. Charl	es H.	Conle	y,Jr.		22d ADDRESS Prof. B	ldg I	rederick	c, Md.	21701	
23	o BURIAL, CREMATIC REMOVAL (Specify BUrial	June 2			Olive		meterv	Fre	TION (City or Town	Md. 2	1701	(State)
1	M.R.Etc	chison & So	n-7		ADDRESS 7	lit	250 REC'D	BY REGISTRAR	2Sb. REGI	STRAR'S SIGN.	ATURE	4

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. at Health priar to burial, crematian, or resy, and in any event, within 72 hours after feed Page 4 may be retained by the haspital or attending physician.



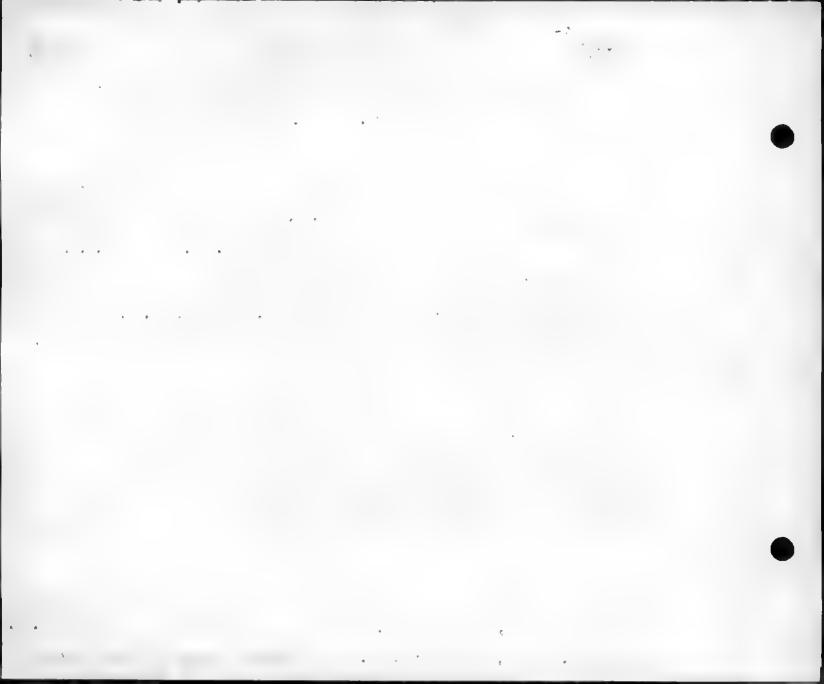


MARYLAND STATE DEPARTMENT OF HEALTH

Division of CTATICTICAL DECEADOR AND DECODDS 201 W DESCRIN STREET DAITIMORE MARVIAND 21201

		DIVISION OF STATISFICAL RESE	ARCH AND RECORDS, SUI	W. PRESION SIKE	ei, batimoke, makit	AND 21201
	22230		CERTIFICATE			08420
	PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (W	there deceosed lived, if institution b. COUN	on Residence before admission)
	o. COUNTY	Frederick	MARYLAND	Mary	land	Frederick
T		f autside carparate 1 mits, give negrest town)	c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	tside carparate limits, write RUR	AL and give nearest town)
	Rural	Thurmont	70 yrs.	Rural	Thurmont	+ >
-	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in haspital,	give street address)	d STREET ADDRESS		e IS RESIDENCE
et .				R.D	.# 2	ON A FARM? YES NO
- 13	NAME OF DECEASED	First	Middle	Last	4 DATE Mont	
L	(Type or print)	Charles	Peter	Miller	DEATH June	3, 1966
	S SEX	6. COLOR OR RACE 7. MARRIED	INCOME.	L. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR 1F UNDER 24 HRS. Months Dovs Hours Min
	Male	White WIDOWED	DIVORCED 🔲 J	an. 4, 1888		
			IND OF BUSINESS OR ADUSTRY	11. BIRTHPLACE (County I	& State, or fareign country)	12 CITIZEN OF WHAT COUNTRY?
1	luring mast af warking Labo		ADU3 IK7	Frederick	Co. Md.	U.S.A.
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
1		Christopher Mil	ler	Jane Eyl	er	
	IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Addre	55
	No	(If yes give wor or dotes of service)	20-10-5813 Irv	in Miller.	Thurmont. Md.	R.D.# 2
		which gave (b)	nus of June	(INTERVAL BETWEEN ONSET AND DEATH OWNER AND MERCENTY
	PART II. OTHER SIG	ONIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
	3	manalin-				YES NO K
	I LIE EITHER NOTIFY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in f	Part I ar Part II of item 18.}	
	20x. TIME OF INJU	N. While	T A	E OF INJURY (Home, farm ary, street, office bldg., etc.)		(Caunty) (State)
		ly that (I) (this haspital) atten	ded the deceased fram. s	5-18-6-6 1	9, ta	, 19, that (I) (we) last
		eceased ofive an	3// 19 66, and that	death accurred at	9-30A M, fram causes	and an the date stated above.
	220. SIGNATURE	Monan Ask	PAT a _ ME	ATTENDING E	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	THOMAS A	LOVE	22d. ADDRESS		ind
=	22a DUDIAL CDESSATIO	W Tool DATE THEORY	23c. NAME OF CEMETERY OR			(6, 1)
	230. BURIAL (REMATIC REMOVAL (Specify) BURIAL				23d LOCATION (City or Tox	, , , , , , ,
-			New St. Jose	ph s	BY REGISTRAR 2Sb. RE	Frederick Co.Md.
	24. FUNERAL DIRECTO	clarence to 100			E C. 1	t a E
	Clarence	E. Wilson. Emm	itsburg. Md.	DATE	R 19RR RCC	warley Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending flyish and campletely filled in by the funeral director, page 3 shauld be detached for use as the bural-transit permit. Then case remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after decided. Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH 08431 CERTIFICATE The law requires that the death certificate be executed within 24 hours after death puo 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY b. COUNTY Frederick Maryland Frederick ony event, within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Minutes Frederick rural d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Frederick Memorial Hospital RD L YES ND 🎩 NAME OF Fifst Middle 4. DATE Month Year DECEASED Mary OF June 20 Miss 19 66 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED X 10 To DATE OF BIRTH 9 'AGE (In years IF JNDER 1 YEAR LIF UNDER 24 HRS female May 18. white 1909 WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Cwn Home COUNTRY Maryland attending physic permit. Then ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, Clarence A. Miss Annie B. Starner 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes no or unknown) (If yes give wor or dotes of service) 220-16-3751 Frank Miss, Jr. Frederick, Md. CAUSE OF DEATH (Enter only one couse per lune for (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY: signed by the c burial-transit p INTERVAL BETWEEN DNSET AND DEATH **DUE TO** Conditions, if ony, which gove rise to immediate cause (a). **DUE TO** stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES [NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. foctory, street, office bldq., etc.) Not While ot work O FUNERAL DIRECTOR: After ot work . 1966, to 6 - 20 , 1966, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from Ysaw the deceased alive an 6-3 __1966, and that death accurred at 11 40 M, fram causes and an the dote stated above. 22n. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 220 N. 22c. PHYSICIAN'S Rex R. Martin Frederick, Md. Market St. NAME (Type) 236 OATE THEREOF 6-23-66 23o_ BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BREMOWAL (Spakify) United Brethren Cem. Thurmont, Md. Fred. Co. **AOORESS** 2Sb. REGISTRAR'S SIGNATURE 245 FUNERAL DIRECTOR 2So REC'O BY REGISTRAR toreager Thurmont.



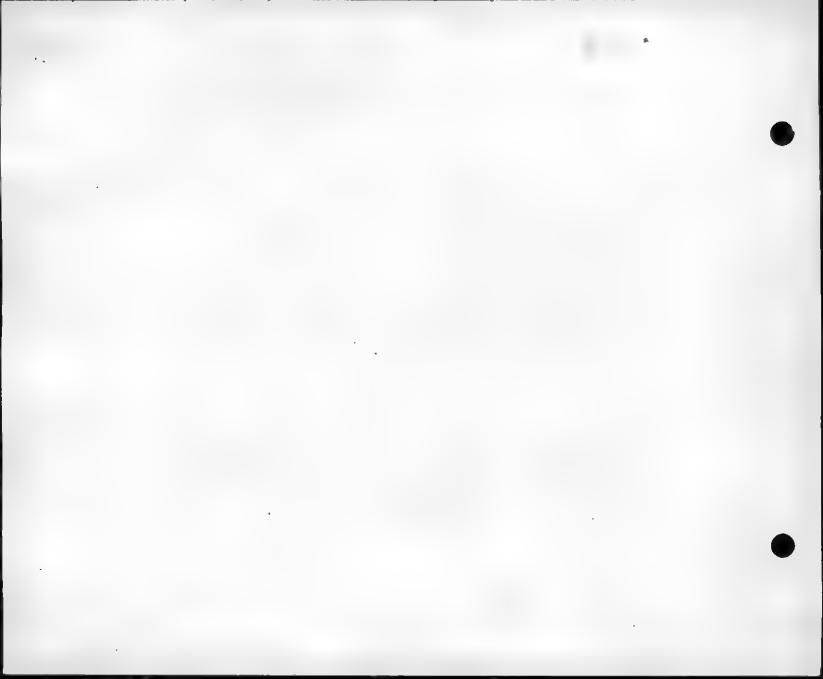
VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	OS432 CERTIFICATI	E OF DEATH 18422
	1. PLACE OF OEATH a. COUNTY FIRE OPI CL MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Maryland Frederick
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b Frederick (and give nearest town) I day	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Frederick Memorial Hospital	d. STREET ACORESS 1 A Linden Ave. 8. IS RESIDENCE ON A FARM? VEST NOTE
-		Last 4. DATE Month Day Year
	3. NAME OF First Middle DECEASED (Typs or print) ETHEL MORNINGS TAIL	P DEATH JUNE DU 1966
ľ	7. MARKIEU X. MEYER MARKIEU	8. OATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
		70 yrs. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
н	102. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife Own home	Frederick Co., Md. U.S.
ľ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Charles Gaver	Lula Leatherman Address 1 LindenAve.
	(Yes, no, or unkown) [(If yes give war or dates of service)]	
	no 219-05-2995 Her	ary O. Morningstar, Frederick, Md.
	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORON	ONSET AND OFATH
1	conditions, if any, which) OUE TO ARTERIOSCLEROS	IC. HEART DISEASE 4-6 UVS.
	gave rise to immediate cause (a), stating the underlying cause last.	The Mental
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 7 NO 7
	G OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRREO. (Enter nature of injury in Part I or Part II of Item 18.)
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLF Hour a.m. While Not While at work at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	t death occurred at 9 P. M. from the causes and on the date stated above.
	22a. SIGNATURE C. Reynolds, M.	
	PHYSICIAN'S NAME (Type) Dr. Richard C. Reynolds	Frederick, Md.
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 6/23/66 Lutheran Co	Y OR CREMATORY 23d. LOCATION (City, town or county) (State) emetery Middletown. Md.
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Gladhill Company, Middletown, Md.	DATE VI 2 4 1968 followers Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours after death the funeral deoth 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY **L COUNTY** MARYLAND hin 72 hours after c. LENGTH OF STAY IN 16 outside corporate limits. d STREET ADDRESS e. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A EARM? llled YES NO T 3 NAME OF 4. DATE corbon Eirst Lost Doy completely DECEASED OF DEATH (Type or print) requires that the death certificate be executed 5 SEX 6. COLOR OR RACE AGE n vears IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED DIVORCED and 12. CITIZEN OF WHAT COUNTRY? 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY HOUSEKEEP 13 FATHER'S NAME MOTHER'S MAIDEN NAME removol. 17. INFORMANT (Yes, ng. grunk nawn) (If yes give wor or dotes of service) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed t DUE TO Conditions, if any, which gave (b) use to immediate cause (a), DUE TO stoting the underlying couse hos been last WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) FICATION of for use of Heolth p NO this certificate 20o. ACCIDENT WAS UNDERLYING [1] 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year (City or tawn) (County) (State) Hour o.m. factory, street, office bldg, etc.) Not While While at wark 19___, that (1) [we] last 21. I certify that (I) (this haspital) attended the deceased from and that death accurred at 445 from causes and an the date stated above. saw the deceased alive an 12/14/66 19 O FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF director, poge 3 should b≡ filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S OBERTSON NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOE (County) REMOVAL (Specify) LINGANORE **ADDRESS** 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 abound b file with the State Dept. of Health prior to burial, mremation, mremoval, and in any mumint, within 72 hours after mean in any mumint, within 72 hours after mean in any mumint. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

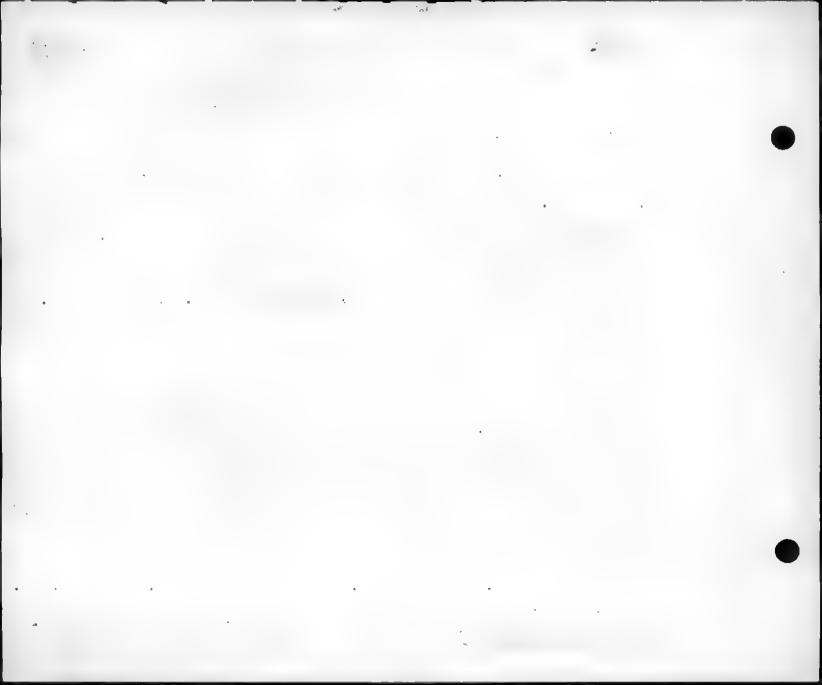
	DIVISIO	N OF STATISTIC				PARTMENT OF			E 1, MA	RYLAND	
	65424			CERTIF	ICATI	E OF DEATH			1	1845	14_
1.		rederick		MAR	YLAND	2. USUAL RESIDENCE a. STATE Mar			ution: Resid		
		N (if outside corpora		c. LENGTH OF STA		c. city or town (if Rural	outside corp Thurmo		RÜRAL an	d give near	est town)
	d. NAME OF HO	spital or institution in the contract of the c	N (if not in	hospital, give street Hospital	address)	d. STREET ADDRESS					ESIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	JUL	rst A	Barbara		ODE N	4. DATE OF DEATH	June		7 19	ear 966
	SEX F.	6. COLOR OR RACE W •	7. MARRIE WIDOWE	D 🔼 DIVORCE	ED 📗	10/21/190		AGE (In years If last birthday) M yrs.	onths Da	ys Hour	s Min.
dui	Trousewi	ing life, even If retire	done 10b.	KIND OF BUSINESS O INDUSTRY	R	Maryland		er foreign country)	U S	TEN OF WHA	AT
13.	Luther Luther	· McKnigh	b			Abbie Sh					
15 (Yo	was deceased ever in u.s. armed forces? 16. social security no. 17. informant none Leo Oden, Utica Rd.#I, Thurmont Md.										
		DEATH (Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE	479	line for (a), (b), and (POMBOSIS				NTERVAL E	DEATH
	Cenditions, If gave rise to cause (a), sunderlying cause	any, which Immediate tating the DUE	(b) 6t	ENERALIZ	EO	ARTERIOS	LERO	8/5		10+ y	rs_
CERTIFICATION	$ \mathcal{D} $	IABETES	ONS CONTRI	LLITUS		TED TO THE TERMINAL D					AUTOPSY ORMED? NO
		WAS UNDERLYING THE CAUSE OF DEATHER MEDICAL EXAMI	1	DESCRIBE HOW INJU	JRY OCCU	RRED. (Enter nature of			Item 18.)		
MEDICAL	20c, TIME OF Hour a.r p.i		Year 20d. Whi	o Not While		CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 20f. (6	City or town)	(Count)	")	(State)
4	21. I certif	y that (ID) this hose ceased alive on RE	oital) atter	ided the deceased t	and that	death occurred ats	MED. DIRECTOR		nd on the 22b. DATE	SIGNED	(we) last ed above.
238	REMOVAL (Sp	MATION, 23b. DATE		23c. NAME OF C	EMETERY	OR CREMATORY	23d. L00	CATION (CIty, tow	n or count	y) ((State)
24	Burial FUNERAL DIRE	CTOR	1110 6 111		I RO	cks Cemete	D BY REGIS	17 T. 01 TRAR 25b. REG	ISTRAR'S	IGNATURE	٠

int of Rocadon Maryland

1966

occiones

Brunswick,



° 2 2	SE435 CERTIFICATE OF DEATH	08425
funeral funeral fer death	o COUNTY O STATE West Vir	(Where deceased lived, if institution: Residence before admission) b. COUNTY ginia Berkeley
4 hours after d in by the func ers. Poges-	b. CITY OR TOWN (If a stade carporate limits, write RURAL and give negrest town) Frederick C LENGTH OF STAY IN 1b C CITY OR TOWN (If a Martinsh	utside carparate limits, write RURAL and give nearest town)
filled in 19 popers. hin 72 ho	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS	B IS RESIDENCE
thin 24 tilled in pope within 72	3 NAME OF First Middle Last	4 DATE Month Day Year
cuted withi	(Type or print) OLIVE O. OLAND	DF June 11 1966
complete contents	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED X 8 DATE OF SIRTH Female White WIDOWED DIVORCED August 14, 1	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR: last birthday Months Days Hours Min
icion ded college		y & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
physicion physicion hen pleose novol, ond i	13. FATHER'S NAME 14. MOTHER'S MAIDEN	
th certifing phy Then removo	David P. Oland Elizabeth	K. Doll
he death ce attending popernit. The	15 WAS DECEASED EVER IN S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service)	Address 1.102 Lee Place. Frederick. Md
that the on. by the ransit remat	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OR PART I. DEATH WAS CAUSED BY:	lent ONSET AND DEATH
equires that the physicion. signed by the buriol-transit buriol, cremat	Conditions, if any, which gave (b) Matrestule Curinowal rise to immediate cause (a),	,
5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	stating the underlying couse (c) Cucuroum Cerrix	
The offer hos see of the offer	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
古名 海下华	20a ACCIDENT WAS UNDERLYING OF CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Part I or Port II of item 1B)
2 - 0 -	20c TIME OF INJURY Month, Day, Yeor Hour a.m. 19 While at wark at work at wor	
ATTENDING stained by It CTOR: After i should be d ith the Stote	21. I certify that (IX(this haspital)) attended the deceased fram	1966, ta 6 /1 , 1966, that (1) (we) k
GR: P th	saw the deceased alive an CO 14 19 66 and that death accurred at	12:05 M, did touses and an the date stated above
≝ш ≥	Cobect OV Cornes M.D. ATTENDING D	DIRECTOR PHYS. D June 15, 1966
may sal 1	22c. Physician's NAME (Type) Robert J. Thomas, M.D. Toll Hous	se Avenue, Frederick, Md.
O HOSPII Poge 4 m O FUNER, director, should b	230. BURIAL (REMATION, REMOVAL (Specify) Cremation 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory	23d LOCATION (City or Town) (County) (State) Washington. D.C.
VR A15 (4)	24. FUNERAL DIRECTOR Sought M. ADDRESS LELEY 2500 REC.	D BY REGISTRAR 25 REGISTRAR S SIGNATURE CLEANLY QUELLE



TO HOSPITAL OF ATTINGUING PHYTICIAN: TILE law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the mashinal or anterving programme.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and peoplety filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 3 should be filled with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

	02436			CERTI	FICATE	OF DEATH			()	8426		
T.	PLACE OF DEATH					2 USUAL RESIDENCE (\	Where deceased lived, if	institution R	esidence befor	re admission)		
		rederick			RYLAND	o. STATE Mary]			Freder			
	b CITY OR TOWN (f autside corparate limit	's,	c LENGTH OF STAY	IN 15	c CITY OR TOWN (If ou	itside carparate limits, v	write RURAL or	nd give neares	st tawn)		
	Write RUKAL and	give negrest town) rederick		years		Frede	erick		1 .	. 1		
	d. NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospital,	give street oddress)		d. STREET ADDRESS				e IS RESIDENCE ON A FARM?		
		de Apts T				1	Hillside Apts. Water St					
	NAME OF		rst	Middle		Las*	4. DATE OF	Month	Day			
	DECEASED (Type or print)	Sara		Magdalene		ainter	DEATH	June	8-	19 66		
\$	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲 [B. DATE OF BIRTH	9 AGE (In		nths Days	Hours Min		
	Female	White	WIDOWED	Land 1	ED 🔲	June 15- 192	20 45	γrs				
		(G ve kind of work dane	10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or foreign count	ry)	12 CITIZEN OF	F WHAT		
qur	ing mast af warking H ome ma			NDUSTRY At home		Montgomery	Co. Md.		COUNTRY	U.S.A.		
13.	FATHER'S NAME	-1102				14. MOTHER'S MAIDEN I						
	Willia	am Thomas H	Burkhai	rt		Mary Camel	Lia Morning	gstar				
		R IN U.S. ARMED FORCES?		. SOCIAL SECURITY NO.	17. 1	NFORMANT		Address T	rederi	ick-Md.		
{Ye		(If yes give wor or dotes	of service)	NONE	3847	Llard W. Paj	intan_SrF					
	No.	AZII (Colonial Incolonia			1261	LLai u III 143	CITOCI -DI •-I			IERVAL BETWEEN		
1		18. CAUSE OF DEATH (Enter only one couse per line-for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY: ONSET AND DEATH										
		IMMEDIATE CAUSE	(0)	2 march	Line	there				11 - ellys		
	1520	DUE DUE	TO	4						<i>F</i>		
	Conditions, if any,		(b)	'1								
	rise to immediat											
1	stating the under	Tying cause	(r)									
		CHIEICANT CONDITIONS		TO DEATH BUT NOT B	CLATED TO 1	THE TERMINAL DISEASE CON	IDITION CIVEN IN DARK	1151	110	WAS AUTOPSY		
8	PAKI II UJITEK SI	SMIRICANT CONDITIONS	ONIKIBUTINO	TO DEATH BUT NOT K	CLAIED TO I	THE TERMINAL DISEASE COL	ADITION GIVEN IN CART	T(U)		PERFORMED?		
3									ĮΥ	res 📗 no 🔀		
=	200. ACCIDENT WAS		205. 1	DESCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Part I or Part II of item	18.)				
E.	(IF EITHER, NOTIFY	ET CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL CERTIFICATION	20c. TIME OF INJU	IRY Manth, Day, Year	20d	INJURY OCCURRED		CE OF INJURY (Hame, form		town)	(County)	(State)		
물	Haur a.n	10	Whi		l facto	ary, street, affice bldg., etc.)						
	p.n	fy that (I) (this ha		ark L at work L	d fram (num my Ser	19 <u>56</u> , ta	-7	10/4	hot (I) (we) las		
	ZI. I ceni	ry mar (i) (mis no eceased alive an	spilar) arre	10 /- /	and the	t death accurred at	5 8 M from (rauene and				
	22g. SIGNATURE	sceased alive nii_		17.06	, una mo	death accorded at	<u> </u>		2b. DATE SIGN			
	4	, R	,	(1/	***	ATTENDING ATTENDING	MED. STA	FF —		9-1966		
	11	J. WHI	2-2-2	Mr.	1.M	22d, ADDRESS	DIRECTOR L PH	/S. L.)	outo,	/-1/00		
	22c. PHYSICIAN'S NAME (Type	Dr. U.G.	Zouwno.	/Im			L Saints St	t. From	derick	Md.		
<u></u>		Die Odder										
230	BURIAL, CREMATIC		EREOF	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCATION (C	,	(Caunty	, ,		
	Burial Specify			6 Mt. Oli	vet C	emetery	Freder:	ick, Mo	d. 2170	01		
24	FUNERAL DIRECTO			The ADDRESS	000		AU medicate an	25b REGISTR				
	M.R.Etc	nison & Soi	1= ']	Frederick,	Md.	DATEUN	14 1966	fina	Las &			



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) b. COUNTY Frederick arvland ges 1 after MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Page within 72 hours a Pag write_RURAL_and_give nearest town) hours Sandy Hook Frederick hour Ξ filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? KFD#2. Knoyville, id. Trederick Temorial Hospital Nn 7 completely by carbon p NAME OF Middle DATE Month Year DECEASED DF (Type or print) CHARLES PHINE DEATH JUNE 1966 5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. NEVER MARRIED Male White Sept.28,1883 WIDOWED ease r 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) Railroad COUNTRY? Carpenter (Ret. Sandy Hook, haryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending primit. Then Charles Lucv Bethel Ber jamin Gister 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT 5 (Yes, no, or unknown) (If yes give war or dates of service) 705-09-2044R7D#2. Knoxville. cremation. Mone the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH burial-transit burial, cremat PART I. DEATH WAS CAUSED BY: 4-7 days DRONCHOPNEUMONIA - Organism undetermined the hospital or attending physician. IMMEDIATE CAUSE (a) signed DUE TO Cenditions, If any, which peen gave rise to Immediate the contract DUE TO cause (a), stating the prior underlying cause last. has 88 CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 119. for use Health use r this certificate I detached for use te Dept. of Health PERFORMED? GEWERALIZED HRTERIOSCLEROSIS YES NO ZOA. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOLLARS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) should be factory, street, office bldg., etc.) Hour a.m. - Not While at work L at work 12 21. I certify that (1) this hospital) attended the deceased from___ DIRECTOR: age 3 should .19 46 and that death occurred at 134/4M, from the causes and on the date stated above. saw the deceased alive on 22a. SURNATURE page DIRECTOR | PHYS. M.D. Page 4 may HOSPITAL O FUNERAL **PHYSICIAN'S** ADDRESS 22c. director, p NAME (TYDE) Revnolds rederick. arvland BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Samples anor, Maryland Samples Manor Cemetery FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE erry, VR A15 (4) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

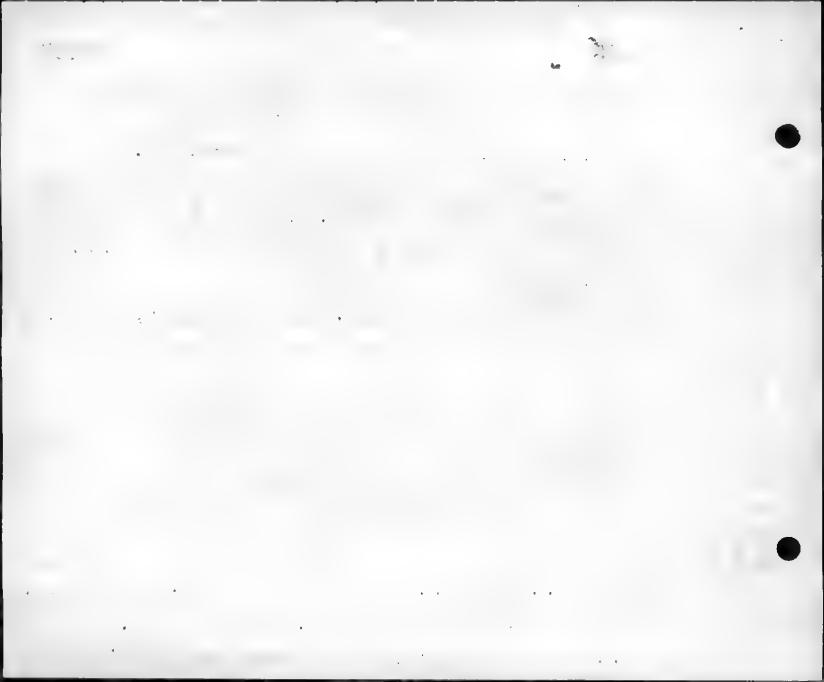


MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CE43	8		CERTI	FICATE	OF DEATH	1				08	428	3
1. PLACE OF DEATH					2. USUAL RESIDEN	ICE (Whe	re deceose			Residence befo	re admissi	ion)
o. COUNTY	erick		MAG	RYLAND	o. STATE	and		b. 1	COUNTY .	lerick		
	(If outside corporate limi	ts.	C LENGTH OF STAY		c. CITY OR TOWN		e corporati	limits write			st town)	
write_RURAL o	nd give neorest town)	/			Rural		o tarparen	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 1010/12 0	and give week	at .commy	
Kura	TTAL OR INSTITUTION (IF I	-4 h 4-1	Months		d STREET ADDRESS	_				1	e IS RES	DENCE
					Route #1		iamar	473.	Ma		ON A I	FARM?
	#1, Ijamsvi										YES	NO X
3. NAME OF DECEASED		ırst	Middle		Lost	4	. DATE OF	_	Month	Do	•	106
(Type or print)	Hage	T			Perry		DEATH	June		4		66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	느님	. DATE OF BIRTH		9.	AGE (n year last birthdoy		UNDER 1 YEAR	Hours	R 24 HRS Min.
Female	White	WIDOWED		ED N	ov. 15, 1			III yi				777111.
	ON (Give kind of work doning life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Co	ounty & St	tote, or fore	ign country)		12 CITIZEN O	F WHAT	
Beauti		Sel	f Employe	đ	Virginia					U.S.A		
13 FATHER'S NAME			-		14. MOTHER S MAI	DEN NAM	IE.					
John	Mc Clanaha	n			Nancy	Good	1					
IS. WAS DECEASED F	VER IN U.S. ARMED FORCES	16. 5	OCIAL SECURITY NO.	17. 11	FORMANT			A	Address	-		
(Yes, no, or unknown	(If yes give wor or dotes	of service)	40 8623	Mne	.Edward C	anhe	277777	Poute	#n T	i amerri	336	Mal
Conditions, if or rise to immedi stoting the una	y, which gove) ote couse (o), ((b)	0								e ye	
PART JI OTHER 200 ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIC	SIGNIFICANT CONDITIONS	CONTRIBUTING T	O_DEATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEAS	E CONDIT	ION GIVEN	IN PART 1(o)		WAS AUT PERFORA VES	OPSY NED? NO **
206 ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	AS UNDERLYING □ IG □ CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DES	SCRIBE HOW INJURY (OCCURRED. (Enter noture of injur	y in Port	I or Port	II of item 1B.	-}			
뒽 Hour d	JURY Month, Doy, Yeor o.m. 19	20d IN While ot work	JURY OCCURRED Not While of work		E OF INJURY (Home, ry, street, office bldg.		20f.	(City or town	n)	(County)		(Stote)
21. I cer	t <mark>ify</mark> that (I) (this ho deceased alive an_	spital) attend	led the deceased	fram/ and that	death accurred	, 19 (1 a15	30PM	from cous	ses and	, 19 <i>66</i> , 1 on the da	hat (I) (te state	(พีฮ์) las d above
22o. SIGNATUR	WAREd	bick	3	M.D	ATTENDING E	ME DIR	D RECTOR [STAFF PHYS.		226 DATE SIGI June 5		66
22c. PHYSICIAN NAME (Typ	1 ./	eddick,	M.D.		Frederi	ck M	edic	al Cen	ter,	Freder	ick,	Md.
230. BURIAL, CREMA REMOYAL-(Spec			23c NAME OF CEN		rematory y Mem. Ce	mete		ATION (Gity o	,	(County	y) (Stote)
24 FUNERAL DIREC	OR Store	017	ADDRESS	L. 115	250.		REGISTRA	R 2Sb	REGISTR	RAR'S SIGNATU		
M.R	Etobigon &		adant ale	Manuel	DATE	HAL C	. 40	220	The	exten &	udgl	•

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal proving event, within 72 hours after death. O HOSPITAL OR ATTINDING PHYSICIAN: The low impures that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or ottending physicion.



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Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

П	AC 20	· ·		CERTIFICA	ALE OF I	DEWILL				I i	242	4
M	1. PLACE OF DEAT	Н .			2. USUA	LRESIDENC	E (Where de	ceased live	l, If institut	ion: Resident	e before at	mission)
4	a. COUNTY	Frederick	2	MARYLAN	a, ST/	ATE Ma	rylan	d. t	. COUNTY	Frede	erick	
1	b. CITY OR TOY	/N (if outside corporat	te limits,	c. LENGTH OF STAY IN		R TOWN (If	outside co	rporate lin	ilts, write F	RURAL and g	ive neares	t town)
1		derick	107	years		Fr	rederi	ck		1	- 1	
١			ON (if not in ho	spital, give street addre	ess) d. STREET	F ADDRESS					e. IS RES	IDENCE
١	Fre	derick Memo	orial Ho	spital		46	68 W.	South	St.		-	NO X
ľ	3. NAME DF DECEASED	Fi	irst	Middle	Las	-	4. DATE		Month	Da	y Yea)r
1	(Type or print)	F	rances	Louise	Powel		DEAT		June	2-	19	66_
ı	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF	BIRTH	9	. AGE (In	years IF U thday) Moi	NDER 1 YEAR	Hours	24 HRS. 1 Min.
1	Female	White	WIDOWED [DIVORCED] April	3-190	03	63	yrs.	inis Days	nours	144 191 -
	10a. USUAL OCCUPA	TION (Give kind of work ling life, even if retire	done 10b. KI	NO OF BUSINESS OR	11, BIRT	HPLACE (Co	ounty & State	e, or foreign	country)	12. CITIZEN COUNTR	OF WHAT	
1	Homema		"	At home	Fr	ederio	ck Co.	Md.		U.S		
ľ	13. FATHER'S NAM	1E		•	14. MOTI	HER'S MAID	EN NAME					
1	Lut	her C. Heff	îner			Elizat	beth M	.M.Ho	ffman			
1		EVER IN U.S. ARMED FO		OCIAL SECURITY NO.	17. INFORMAN				Address			
1	No	CIT yes give was at three to	it selvice)	Unk	Roger D.	Powel	11-1,68	W.So	uth St	-Fre	deric	k-Md.
	18. CAUSE OF	DEATH [Enter only on	e cause per lir	ne for (a), (b), and (c),	<u></u>			3.14.7		INT	ERVAL BE	TWEEN
ı	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(2)	Luoch						UN	SET AND I	JEAIN
	527	DUE DUE		0 11	a.°	20		^ ^				
	Cenditions, if	any which \	(b)	(Pento	utry.	Phi	mu	cal				
	gave rise to	Immediate (111	01		0		41			
1	cause (a), s underlying cau	to the f	(0) (4	ente Hu	rank	29ic	100	uore	alle	¬		
	PART II. OTHER	SIGNIFICANT CONDITION		TING TO DEATH BUT NOT	RELATED TO THE	TERMINAL	DISEASE CO	NDITION GI	VEN IN PAR	T 1(a) 19	. WAS AU	
	ICAT									Y		ио 🔲
	PART II. OTHER 20a ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING	20b. D	ESCRIBE HOW INJURY	CCURRED. (Ente	er nature of	injury in F	art I or P	art II of Ite	em 18.)		
	(IF EITHER, NO	ING CAUSE OF DEA	NER)									
	\$ 20c. TIME OF	INJURY Month, Day,	Year 20d. IN	JURY OCCURRED 20e.	PLACE OF INJUI	RY (Home, fa	erm, 20f.	(City or t	own)	(County)	(5	tate)
	20c. TIME OF Hour a.	m. 19	While at work:	— NOT AMULE —	actory, street, or	ilico Diug., e	(6.)		,			
				d the deceased from	May	1.11	954 to	6	12	1966, 1	hat (1) (v	ve) last
١		ceased alive on	6/5	2 1966, and		curred at		- /		on the da		
-	22a. SIGNATU	RE O	-1							Zb. DATE S	IGNED	
1	an	ness.	Inon	11 cco	M.D. PHYS.	ING X	MED. DIRECTOR_	STAF		June 3	-1966	
1	22c. PAYSICI.	AN'S Dr. Jan	nes B. I	homas		DDRESS					707	
-	1/				Pro					/d. 21		
	234. BURIAL, CREE REMOVAL (Sp	eclfy)	4.4	23c. NAME OF CEME					City, town			(ate)
	Burial	June 4-	1966	Mt. Olivet	Cemeter	<u> </u>				d. 217		
	24. FUNERAL DIR	10/01/2	2KD-11.	ADDRESS	2 27 207					STRAR'S SIG		
\$	M.H.ETC	hison & Sor	1 1	rederick, M	a.STIOT	MAN	6 . 1	966	Jaca	rees yo	use	

A15 (4) M I/65 VR.



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
(M) 2:	CERTIFICATE OF DEATH Reg. Dist. No. (1843)	10
unerol director.	PLACE OF DEATH o. COUNTY Frederick 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) b. COUNTY Maryland Frederick	/
d be fi	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town) Braddock Heights Frederick	
should should	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FAPI ON A FAPI	W5
, po	NAME OF First Middle Lost 4. DATE Month Day Yeor	
etely fille	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Married Months Days Hours Months Days Hours Months Days Hours Married Months Days Months Day	
omplet	Female White WIDOWED DIVORCED Dec 29, 1882 8 3 yrs.	Ain. JNTRY?
on de	Housewife Own Home Baltimore Co., Md. U.S.A. FATHER'S NAME	
ysicion ove cal	Henry A. Ready Daisy Jenkins was Deceased ever in u. s. armed forces? 16. social security no. 17. Informant Address	
ding ph se rem n 72 ho	no (If yes, give wer or defea of service) Frank T. Ready Antione W. (son)	
e offen en plec nt withi	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carama of unblucies PART 2. DEATH WAS CAUSED BY: ONSET AND DEA Typs.	TH
d by the mit. The say eve	Conditions, if ony, which (b)	
an. signersit per	gove rise to immediate codes (a), stating the under-typing couse lost.	
physici os beei iol-tron iovol, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED CATELOGY. Street Late March Common Catelogy.	D?
Paritics in the burner or rem	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
il or offi his certifi use os motion,	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while of work of wor	itote)
hospite After II hed for riol, cre	21. I certify that I attended the deceased from Chiquet , 194 , to June 15 , 1966, that I last saw the dece	
15 by	alive on him 1966, and that death occurred at 8.76 A.M., from the causes and an the date stated a ADDRESS (Street, city or town, state) DATE S SIGNATURE THE ALICE STATES AND 8/0 TO LE HOUSE AUG.	bave.
or prio	PHYSICIAN'S CS. F. M.C.O. LASS (14)	, C
moy be re TO FUNERA poge 3 sh the registr	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
VS A15 (4) 15M 9/SS	rancis Gasch's Sons Hyattsville, Md. 17 1968 Charley Judge	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH OPALE

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Resid	lence before admission)
a. COUNTY Frederick Mary land b. COUNTY Fred	ami ale
	erick
write RURAL and give nearest town)	a give needest tenny
Frederick Ladiesburg	/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	9. IS RESIDENCE ON A FARM?
Frederick Memorial Hospital	YES NO A
DECEASED TO DE TOUR DE	Oay Year
(Type or print) George avid Red, or OEATH OUTS 20	19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 19. AGE (in years if UNDER 1 YE	
male white WIOOWEO DIVORCED June 20, 1966 last birthday) Months Day	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT
during most of working life, even if retired) INDUSTRY The derick Co., Md. U.S	
13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME) <u>/</u>
George david Reed, Sr. Amelia Louise Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unkgwn) (If yes give war or dates of service) Mother Lediesburg	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: BESPIRATORY DISTRESS SYNDROME	ONSET AND OEATH
DUE TO	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last.) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART ILLOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PREMATURITY 2) PREMATURITY 2) PREMATURITY 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) BY CONTRIBUTING [] CONTRIBU	YES NO
203. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part i or Part ii of Item 18.)	
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
Hour a.m. While Not While factory, street, office bldg., etc.)	, , , , , , , , , , , , , , , , , , , ,
21. I certify that (I) (this hospital) attended the deceased from 6-20, 1966, to 6.20, 1966.	, that (I) (we) fast
21. I certify that (i) (this nospital) attended the deceased from \$ 1904, to \$ 20, 1904.	date stated above.
saw the deceased alive on 6-20 19-66, and that death occurred at 10 2M, from the causes and on the c	
saw the deceased alive on 6.20 19.66, and that death occurred at 10.20M, from the causes and on the causes and on the causes are causes and on the causes are causes and on the causes are causes are causes are causes and on the causes are caused at a cause are causes are caused at a cause are caus	SIGNED
saw the deceased alive on 6-20 19 66, and that death occurred at 10 M, from the causes and on the causes and on the causes and on the causes are caused at 10 M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 6-	SIGNED
saw the deceased alive on 6-20 19 66, and that death occurred at 10 M, from the causes and on the causes and on the causes and on the causes are caused at 10 M. from the causes and on the causes are caused at 10 M. from the causes and on the causes are caused at 10 M. from the causes and on the causes are caused at 10 M. from the ca	SIGNED
saw the deceased alive on 6.20 19.66, and that death occurred at 10.2M, from the causes and on the causes are caused and causes and causes are caused and causes are caused and causes are caused and caused a	20 - 66
saw the deceased alive on 6-20 19 6, and that death occurred at 10 M, from the causes and on the causes are caused at cause and cause are caused at caused at cause are caused	20 - 66
saw the deceased alive on 6.20 19 6, and that death occurred at 10 M, from the causes and on the causes are caused at cause and caused at caus	(State)

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after death hours hour = papers. filled within 72 etely physiciam and complete on please remove carbo oval, and in any event, w executed certificate for attending phys srmit. Then plon, or removal, ed by the attend transit permit. , cremation, or re ble signed by the burial-transit or to burial, creman for use Health certificate hosp.tal detached for the Dept. of F this After DIRECTOR: Af age 3 should I lied with the S page of FUNERAL director, p FUNERAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF GEATH CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. CDUNTY DeFrederick Frederick MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b Ladiesburg Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS e. IS RESIDENCE DN A FARM? Frederick Memorial Hospital NO X YES NAME OF First DATE Month Oay Year Twin II Last DECEASED Mary Reed (Type or print) Ann DEATH June 6. CDLDR DR RACE 5. SEX 7. MARRIEO **DATE OF BIRTH** AGE (in years | IF UNOER 1 YEAR | IF UNDER 24 HRS NEVER MARRIEO last birthday) Months . Oavs Hours female WICOWEDAL DIVORCEO [966 10a, USUAL OCCUPATION (C.ve kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INOUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Amelia George David 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO, 1 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Ladiesburg Mother 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMED.ATE CAUSE (a). DISTRESS SYNDROME DUE TD Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? REMATURITA Y PRENATAL MATERNAL HEMORRHAGE NO THE YES 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURREO, (Enter nature of injury in Part 1 or Part 11 of Item 18.)

CERTIFICATI DR CONTRIBUTING () CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20e. PLACE DF INJURY (Home, farm, 20d. INJURY DCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 19 66. that (I) (we) last 21. I certify that (i) (this hospital) attended the deceased from 66, and that death occurred at 23.4M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENOING M.D. **OIRECTOR** 22c. PHYSICIAN'S 22d. AODRESS NAME (Type) Fred Baller Frederick. Maryland DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 1 23b. LOCATION (City, town or county) (State) REMDVAL (Specify) 24. FUNER REC'D BY REGISTRAR | 25b. Charley

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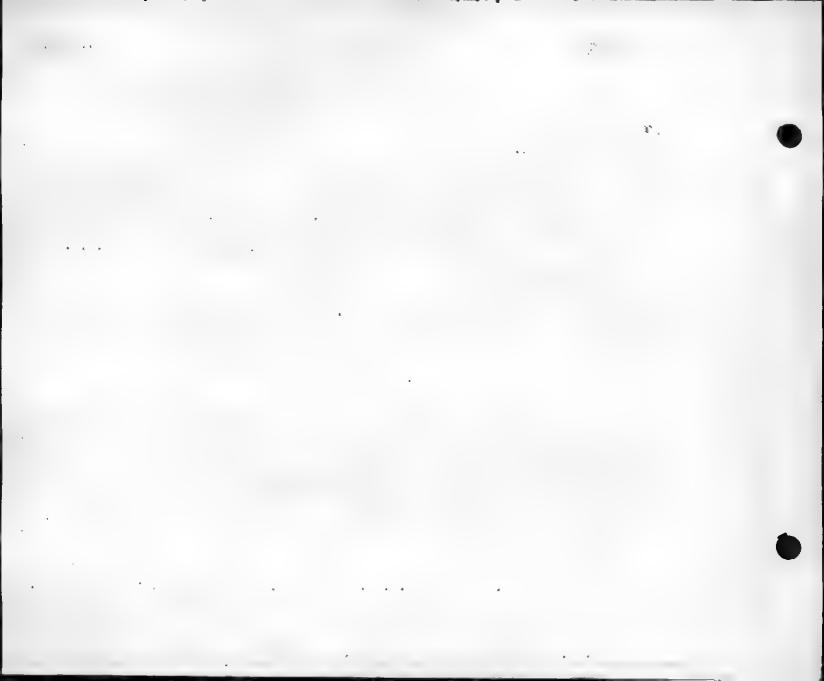
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH OUD o. COUNTY Frederick o. Staryland b. Chilyderick stely filled in by the fun irbon papers. Pages 1 f, within 72 haurs after d MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Frederick Year Frederick d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prospect Plaza Apt. Prospect Plaza Apt. NO PA 3 NAME OF Middle First tast 4 DATE Month physician and campletely DECEASED (Type or print) OF DEATH June George Irev Robbins 66 19 ankeven S. SEX I IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years JE UNDER 1 YEAR birthday) Manths Days Hours Dec. 23, 1908 WIDOWED DIVORCED Male White 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) Naval Academy please during most of working life, even if retired) COUNTRY? Annapolis, Maryland
14. MOTHER'S MAIDEN NAME Retired 13. FATHER'S NAME attending physical properties of the properties Ida Adams George Wesley Robbins 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dotes of service) 17 INFORMANT 16. SOCIAL SECURITY NO Mrs. Catherine Robbins (Same as item #2) isigned by the attent burial-transit permit burial, crematian, o IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been ed far use as the af Health prior ta last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) YES [NO be retained by the haspital or 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not White at wark at wark 21. I certify that (1) (this hasoital) attended the deceased fram. director, page 3 shauld shauld be filed with the 1966 and that death accurred at 9 4 M, franclauses and an the date stated above. saw the deceased alive an 2 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF June 3, 1966 PHYS. 22d. ADDRESS 22c. PHYSICIAN S Charles H. Conley, Jr.M. D. 228 N. Market Street, Frederick, Md. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) BIREMOVAL (Specify) Lorraine, Park Cemetery Baltimore, Maryland 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25q 1 RECID BY REGISTRAR VR A15 (4) 1966 M. R. Etchison & Son, Frederick, Maryland



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleas, remove carbon papers. Pages 1 and 2 should be tiled with the State Dept of Health prior to burial, cremotion, or remove, and an ony event, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

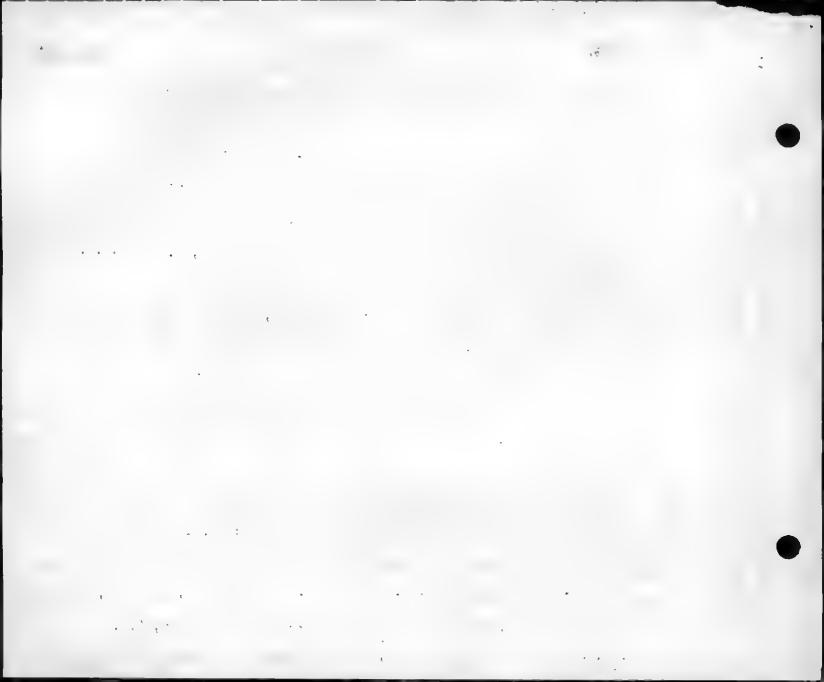
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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6.3	1.6	190	1/2	46a	
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CERTIFICATE OF DEATH

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PLACE OF DEATH			-		2 USUAL RESIDENCE (Where deceased liv			efore admissi	an)		
a. COUNTY	derick		MARY	LAND	o STATE Maryland		b. COUN					
b CITY OR TOWN	(If gutside carparate limit	s,	c. LENGTH OF STAY II		c. CITY OR TOWN (if autside carporate limits, write RURAL and give nearest tawn)							
write RURAL or	nd give nearest tawn) derick		Hours		Frederic			,				
	TAL OR INSTITUTION (IF no	nt in haspital			d. STREET ADDRESS	A			e IS RESI	DENCE		
									ON A F	ARM?		
	Memprial H				110 N. Cour				YES	NO 30		
3. NAME OF DECEASED		rst	Middle		Last	4. DATE OF	Manth	Į.	Day Ye	ear		
(Type or print)	Nena		Powe11		Regers	DEATH J	une	- 7		66		
S. SEX	6 COLOR OR RACE	7 MARRIE	NEVER MARRIED		B DATE OF BIRTH		(In years birthday)	Manths Da		R 24 HRS.		
Female	White	WIDOWE	D DIVORCED		une 24, 1894		YIS	Manths Da	ys Haurs	Min		
	N (Give kind af wark dane	106	KIND OF BUSINESS OR		11. BIRTHPLACE (County		ountry)		OF WHAT			
during mast of warking	g l.fe, even if retired) ewife		INDUSTRY		Marth Bank	T must make	\$7	U.S.A				
13. FATHER'S NAME	CHARC				North Fork		VB.	0.000	3.0			
F-F 2 - 4	11											
	liamLevin Po /erinu.s. Armed Forces?		6. SOCIAL SECURITY NO	17 (Frances NFORMANT	Caldwell	Addres					
(Yes, na, or unknown)	(If yes give war ar dates o	of comical										
No	<u> </u>		215 26 8295	Art	hur Petts, B	raddeck	Height	s. Mary	land			
	DEATH (Enter anly one cau	ise per line f	ar (a), (b), and (c).)		-7				INTERVAL BE			
PARI I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	A cuto (1	Zon	and him	fores		12	ONSET AND I	JERIH .		
420		1.7	//	-	/	0 1			<u>, , , , , , , , , , , , , , , , , , , </u>			
Conditions, if an		(b)	Artonia	10	Junder (links	1-					
rise ta immedia	ite cause (a), (/	1							
stating the und	errying cause	(c) (Terrele	4	Russell	•						
DADT II OTHER	GNIFICANT CONDITIONS C		TO DEASH BUT NOT BELD	TED TO	THE TERMINAL DISEASE COL	NDITION CIVEN IN	DADT 1/ml		19 WAS AUT	OPSY		
5	1/-	12 11	7	CILD IO	THE TERMINANC DISERSE CO.	NUMBER OF THE	raki ila)	1	PERFORM	NED?		
5	papeles 1	helle	lus.						YES	NO X		
	A8 UNDERLYING □ G □ CAUSE OF DEATH	205.	DESCRIBE HOW INJURY OC	CURRED	(Enter nature of injury in	Part I ar Part II af	item 1B.)			-		
	Y MEDICAL EXAMINER)											
20c TIME OF IN	JURY Manth, Day, Year		INJURY OCCURRED		CE OF INJURY (Hame, farn		ar tawn)	(Caunty)		(State)		
nour a	.m. 19	Whi	ile Nat While ark at wark	TOCT	ary, street, affice bldg., etc.)						
21. 1 cert	tify that (1) (this has			from	June 26,	9 66 to	bun 2	7 1966	that (I) (we) los		
	deceased alive an_	Jan	027 1966,0	nd the	death accurred at	12:20A	m causes o	nd on the o	ate state	d abave		
22a. SIGNATURI		7,		1				22b DATES				
	1 164	tun	Techno	M.I	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	June 2		6		
22c. PHYSICIAN		· cere	1 KILOVIX	146.6	22d ADDRESS	DIRECTOR D	FRID.	joune 2	1,170	3		
NAME (Typ		Pear	re M D			ch Stree	4 - Emmd	and ata M	r.at			
a Bunit Christa												
23a BURIAL, CREMAT REMOVAL (Specil	v)		23c. NAME OF CEME			23d LOCATIO	` '	,	nty) (S	State)		
Cremation		1966				Washin						
24. FUNERAL DIRECT	266.25		/	,	-7	BY REGISTRAR	0.4	ISTRAR'S SIGNA	dis.			
M. R	. Etchisen 8	sen,	Frederick,	Mar	y Land DATE	N 3 0 191	3B XC	liarles	Judge	_		



USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Frederick c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? NO-K YES Month Day Year 19 AGE/In years [IF UNDER 1 YEAR | IF UNDER 24 HRS lest birthday) Months I Hours 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Address Middletown, Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (County) (State) and that death occurred at 4 2 M, from the causes and on the date stated above. LOCATION (City, town Middletown BEMOVAL (Specify) 5,1966 Lutheran Cemetery June Marylano 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Maryland Middletown. Gladhill

MARYLAND STATE DEPARTMENT OF HEALTH

9

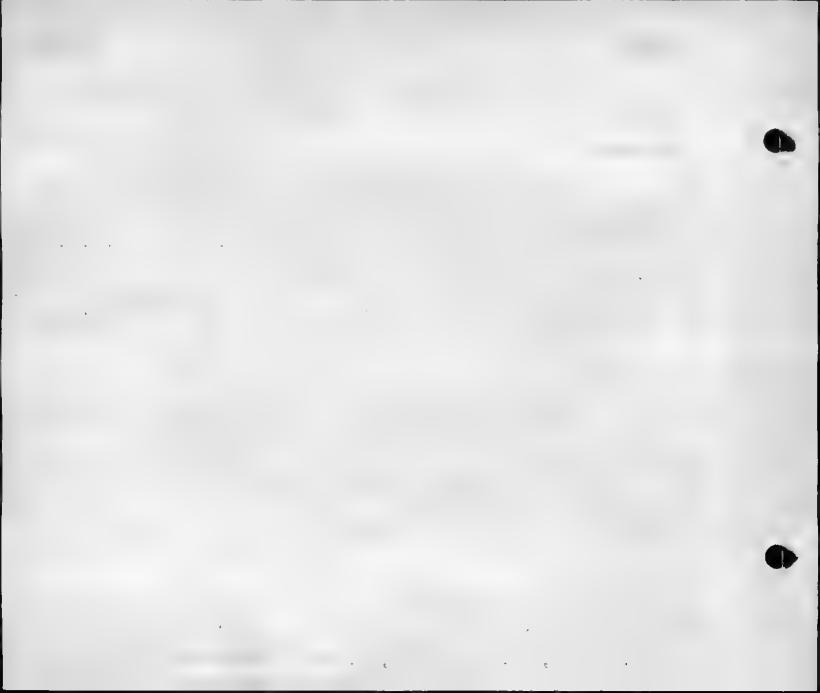
VR A15 (4) 20M 1/65



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY b. COUNTY Frederick MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits. E. LENGTH OF STAY IN 16 write RURAL and give nearest town) Silver Spring Frederick 17 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? 1104 Merrimac Drive YES NO IN Grederick Nursing & Convalescent Center DECERSED DIINE (Type or print) RUEBSAM DEATH 27 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER I YEAR | last birthdey) Months Temale. WIDOWED K Aug. 22, 1877 DIVORCED [7] 10s. USUAL OCCUPATION (Give kind of work BOD. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Washington, D. C.
14. MOTHER'S MAIDEN NAME Housewite Own Home 13. FATHER'S NAME John E. White Charlotte B. Hillstrom 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Sherwood Drive (Yes, no, or unkown) | (Ifyesgive war or detes of service) Mrs. Charlotte Rudy Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY. BRONCHO DNEUMONIA 48 hrs IMMEDIATE CAUSE (a) DUETO CONGESTIVE MY OCARNAL FAILURE 2 Mos. ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE YEARC Conditions, if env. which gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? ETIOLOGY UNDETERMINED NO 7 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Peri I or Peri II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stete) Not While fectory, street, office bldg., etc.) Hour a.m. 21. I cartify that (I) (this hospital) attended the deceased from 1 JUNEUL, 1966, to 27 JUNE, 1966, that (I) (we) last 25) UNE 19 UL, and that death occurred at 23 AM, from the causes and on the date stated above saw the deceased alive on 22b. DATE ATTENDING SIGNED DIRECTOR PHY5 22c. PHYSICIAN'S 22d, ADDRESS E. STONER, JR. WALKE RSVILLE 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, fown or county) 23a BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) June 30, 1966 Cedar Hill Cemetery Suitland, Maryland

250 REC'D BY RE JIST AR 256, REGISTRAR'S SIGNATURE VR A15 (4) (%) ISM 7-62 Pumphrey Inc. Silver Spring Md.

ARYLAND STATE DEPARTMENT OF HEALTH



Braddock Heights, Maryland

22d. LOCATION (City, town, or county).

Fort Lincoln, Washington, D.C.

246 BEGISTRAR'S SIGNATURE

(Stole)

be filed deoth. papers. death. offer ony **burial-transit** should TO FUNERAL D

B. C.

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220 BURIAL, CREMATION, 22b. DATE THEREOF

June 10.

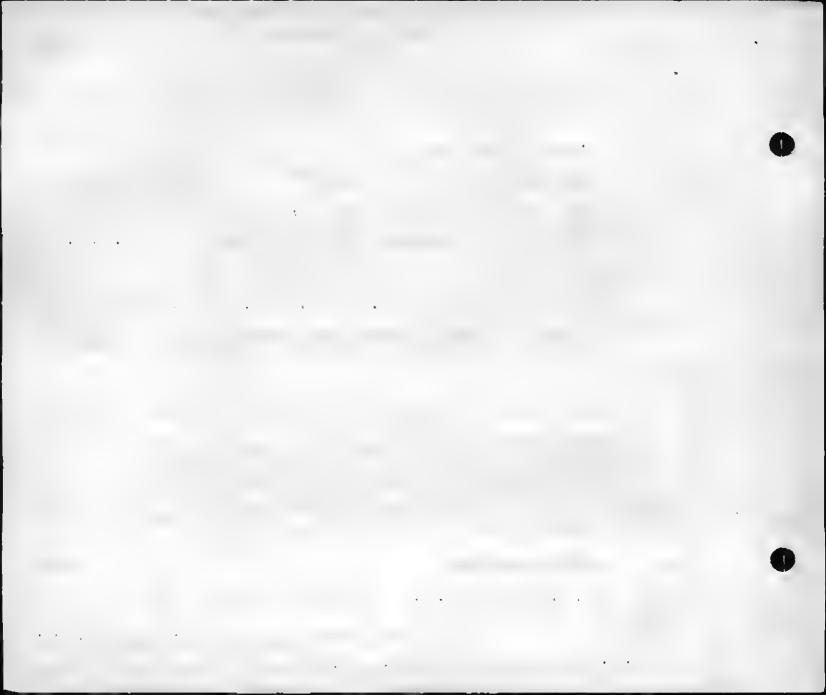
L. R. Schoolman, M. D.

Alional LADDRESS)11

M. R. Etchison & Son. Frederick, Maryland

22c, NAME OF CEMETERY OR CREMATORY

Cremation -Fort Lincoln



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201

(M			0244			CERTIF	ICATE	OF DEATH		,	(18	438
funeral and er death			PLACE OF DEATH D. COUNTY	Frederick		, MAR	YLAND	o. STATE Mary	land	P. COUNTY C	arroll	Į.
in by the funerars. Pages 1 and thours after dea			write RURAL a	(If outside corporate limit in any period erick		16 mont		CITY OR TOWN (If or Union	utside corporote limit	s, write RURAL on	d give neorest	town)
				ITAL OR INSTITUTION (IF no k Narsing			11	L STREET ADDRESS 202 EIL	gar St.			IS RESIDENCE ON A FARM? ES NO.
letely fi arbon nt, with			NAME OF DECEASED Type ar print)	R	oland	Middle Oscal		aylor	4 DATE OF DEATH	Month June	10, Doy	Year 19 66
ottending physician and completely filled sermit. Then please remove carbon pape on, or removel and any event, within 77		S	male	6 COLOR OR RACE white	7 MARRIED [WIDOWED [DIVORCE		0/4/1884		L yrs Mon	ths Days	IF UNDER 24 HRS Hours Min
leose re		duri	ng most of weekin	ON (Give kind of work done in the control of the co		o of Business or Iway sho	go	11. BIRTHPLACE (County Mary	Land	unity)	COUNTRY?	NHAT 5
Then parameters	R. Carlo		FATHER'S NAME	John Sayl		ALAE TO PRINTING		4. MOTHER'S MAIDEN Sare DRMANT	ah Diehl	Address		2.471
by the ottending phy transit permit. Then cremation, or removo	:		s, na, ar unknawn NO	(If yes give war or dates o	22	иш <u>т</u> бш09: 0-09-727		rs, Hilda	a S. Say			
by the ransit premati			PART I. DE	DEATH (Enter only one cou ATH WAS CAUSED BY: , IMMEDIATE CAUSE	(o) Th), (b), and (ch)	J J	lume	revoir			RVAL BETWEEN T AND DEATH
signed by the buriol-transit buriol, cremat			Conditions, if or rise to immedia	ote couse (o), ((b) 9 1	una	May	16-			2	city
			last	SIGNIFICANT CONDITIONS C	(c) dr	lue S	fell	MARIO DISTAST CO	NIDITION CIVEN IN B	IDT 16-1	110 1	VAC ALITOPEV
icate has been for use as the Health prior to	d	CERTIFICATION		AS UNDERLYING				ter noture of injury in			YES	WAS AUTOPSY PERFORMED? NO
ched for		CAL CERTII	OR CONTRIBUTIN (IF EITHER, NOTIF	IJURY Month, Day, Year		URY OCCURRED		OF INJURY (Hame, farm		ar town)	(County)	(State)
fter this be deta stote De		MEDICAL	Hour o	tim. 19	While at work	Mot While at work	factory,	, street, affice bldg., etc.		11.	11	at (I) (we) las
TOR: A				deceased alive an_		10_19_00_,	and that d	leath occurred of	M, fran	n caúses and	on the date	stated above
DIRECTOR OF 3 strilled will	1		22c. PHYSICIAN	Carpent x	1. Au	y luy	M.D.	ATTENDING PHYS. 22d. ADDRESS	DIRECTOR L.	STAFF PHYS.		
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		230	NAME (Typ BURIAL, CREMAT	TION, 23b. DATE TH		tughes 23c. NAME OF CEM	ETERY OR CRE	MATORY	erick, 1	(City or Town)	(County)	(Stote)
P 등 등 VR A15 (4)	RE	24	REMOVAL SAPE	OR +	1/	Luthe			D BY REGISTRAR		R'S SIGNATURE	
20 M 1/66	0	1	NITE	correc Vs	w Kuni	on Brid	ge, M	DATEUN	15 1966	Luca	reles Jac	del

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate [[e ||| xecute|] within 24 hours after [leoth.

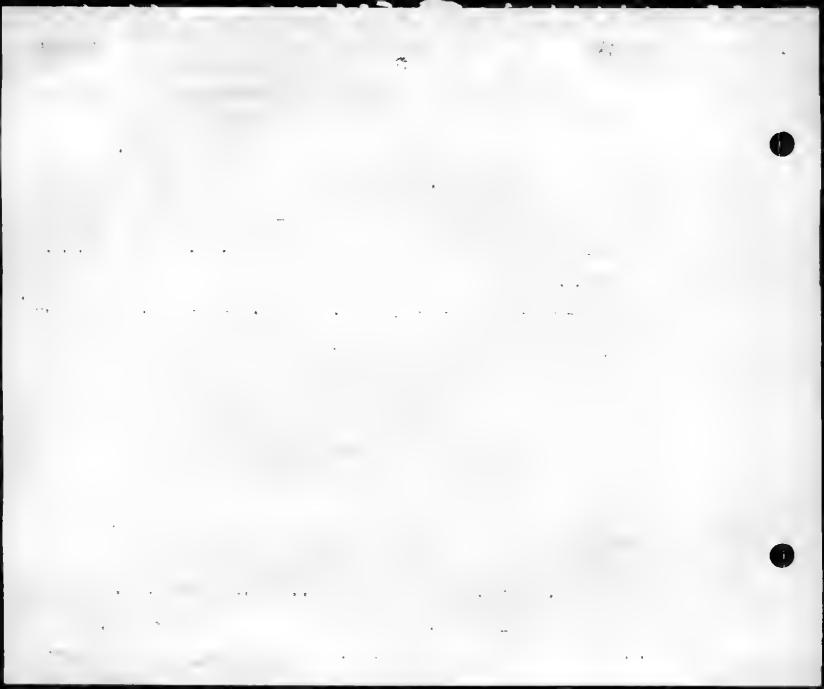
Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove and any event, within 72 hours after death. 24 hours after leath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that tille death certificate be executed witilin Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
(1843)

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Frederick	Maryland Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Frederick years	Frederick , , ,
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS e. IS RESIOENCE ON A FARM?
Frederick Memorial Hospital	242 East Patrick St. VES No →
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Anna K. Scherme	ernorn DEATH June 15- 19 00
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Female White WIDOWED TO DIVORCED	darch 19- 1884 82 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Homemaker At home	Frederick Co. Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H.F. Boyer	Betty Scheel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Frederick.Md.
(Yes, no, or unknown) (If yes give war or dates of service) 074-03-9634 Mrs	s. Hallie M. Brandt-242 E. Patrick St
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	remica 3 unello
DUE TO A	11
Conditions, If any, which \ (b) PUNDUR SURPLY	blirilis glaro
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	V
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT	YES TO NO XT
20a. ACCIDENT WAS UNDERLYING (7) 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Senter	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
Hour a.m. While Not While p.m. 19 at work at work	,
21 certify that (I) (this hospital) attended the deceased from	7/ 1965, to 6/3 1966, that (I) (we) last
saw the deceased alive on 6/13 19 66, and that	death occurred at 1:150 from the causes and on the date stated above.
220. SIGNATURE	22b. DATE SIGNED
Lames 12 Thamas M.D	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
2Zc. PHYSICIAN'S NAME (Type) To Towns D. (Thomas	22d. AODRESS
Dr. James B. Thomas	Prof. Bldg., Frederick, Md. 21701
23a. EURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
אינון	metery Frederick, Md. 21701
	more 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M.R.Etchison & Son Frederick, Md	· 21701 DAMIN 2 0 1966 Achier Judges



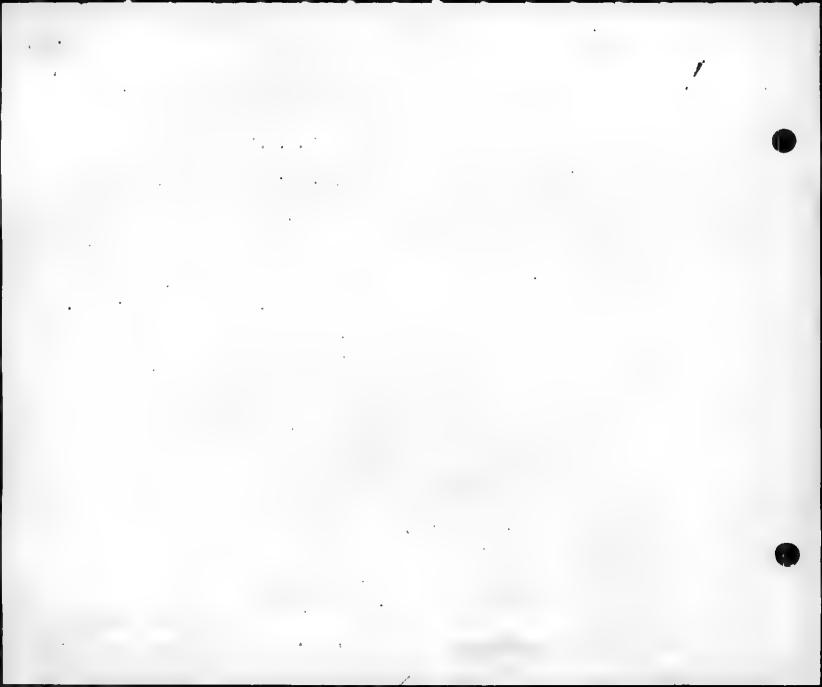
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by-the Toperal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and many event, within 72 hours are death. O NUMERIAL BE ATTEMBING PHYSICAN. The law regulres that the death certificate be executed within 24 hours after whath. Page 4 may be retained by the hospital or attending physician.

AIS (4) 214

VR / 20M

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Frederick MARYLAND	Maryland Erederick
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Brunswick
r	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0, IS RESIDENCE
1	Frederick Mamanial	Y.M.C.A.
3.	The state of the s	Last 4. DATE Month Day Year
	OFFICE OF PRINT SHEWBRIDGE Milla	rd R DEATH June 23 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
\	Male White WIDOWED DIVORCED	6/7/80 86 yrs. Molitals Days Routs
	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Retired Railroad employee	Maryland American
1;	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	Issac M. Shewhridge	Sanah House
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? L. 16. SOCIAL SECURITY NO. 17.	INFORMANT 9 Sampler Road
10	(es, no, or unknown) (If yes give war or dates of service)	arskon F. Meyers Brunswick Md.
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
П	IMMEDIATE CAUSE (a)	
	Conditions, If any, which) DUE TO Chrome (vivous Tratesticker "
	gave rise to immediate	
	cause (a), stating the DUE TO Contents of the underlying cause last.	evolve Heart Aisease "
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY
AT	Bl. I'm de intrestair Bl	of al Colcula PERFORMED?
E	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MILD. (Exter reside of many in Part 1 of Fart 1 of Feeling 20.)
돵		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ry, street, office bldg., etc.)
2	21. I certify that (i) (this hospital) attended the deceased from	3/6 619 to 6/2 3/19 that (1) (We) last
		death occurred at 6.3M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	(Coll) Cround M.D	ATTENDING MED. STAFF DIRECTOR PHYS. 0 6 23-60
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) KOBERT V. CKEUCH	806 Toll House Ave, Tresente
23	a. BURIAL, CREMATION, 230%, PATE THERPOF PARK HOLENCE	or Crematory 23d. LOCATION (City, town or county) (State)
2	A/FUNERAL DIRECTOR // ADDRESS	1 25a. REC'D BY REGISTRAR PASH. GREENSTHAR & MONROUND
-	For Land & Brunswick	
	July Julian Truck	I DATE TO 1000 Judge



20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

n	COTI	FICA	TE O	E hi	EATH
u	ERII	FIGH	ILE U	וע חי	атп

1. PLACE OF DEATH a. CDUNTY				NCE (Where deceased lived,	If institution: Re	esidence before admission)
Frede		MARYLAND		ryland D.	, with DUDAL	and also needs town.
	outside corporate limits, give nearest town)	c. LENGTH DF STAY IN I		if outside corporate limit nore (14)	s, wille RURAL	and Rise meanear round
d. NAME OF HOSPITA	21701 DR INSTITUTION (if not in h		t I			e. IS RESIDENCE
	d Fellows Home	oshirail Size sricot addies	11	ord Read & Mi	ller Ave	ON A FARM?
3. NAME DF DECEASED (Type or print)	First HENRY	Middle	Last SONN	4. DATE DE DE DEATH	Month June 2	Day Year 24, 1966
	OLDR DR RACE 7. MARRIEO	NEVER MARRIED &	8. DATE OF BIRTH	19. AGE (In ve	ears IF UNDER :	1 YEAR ILF UNDER 24 HRS.
Male Wh	ite WIOOWEO	DIVORCED _	19 Aug 1881		ay) Months	
10a. USUAL DCCUPATION (Couring most of working life	Give kind of work done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign co	untry) 12. Cl	TIZEN OF WHAT
Self-employe		dyman	Parkvil1			. S.
13. FATHER'S NAME			14. MDTHER'S MAI	IOEN NAME		
Frederick Se			Maria Ril	ley		
15. WAS DECEASED EVER ((Yes, no, or unknown) [(Ifye	a mine come on defense of complete		, INFORMANT		ddress	
No	21	8-05-9732A N	aryland Odd	Fellows Home	(Same a	as item #1)
	Enter only one cause per l	ine for (a), (b), and (c).]				INTERVAL BETWEEN
PART I, DEATH I	VAS CAUSEO BY: MEDIATE CAUSE (a)	brunca				OKSET AND DEATH
11 1	DUE TO	_ 57	1-2 1K +	S+ _		
Conditions, If any,		eterosclero			-	
gave rise to imme cause (a), stating	the DUE TO	Presid 2	Tues Jacob.	1-2		
underlying cause last	(c)					
PARTII. DTHER SIGNII	FICANT CON OUTIONS CONTRIBU	JTING TO OEATH BUTNOTRI	LATEO TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(a)	PERFORMEO?,
20a, ACCIOENT WAS	UNOERLYING 1 20b.	DESCRIBE HOW INJURY OF	CURRED. (Enter nature	of injury in Pert I or Part	II of Item 18.)
	MEDICAL EXAMINER)					
ZOC. TIME DF INJUR Hour a.m. p.m.		fa	LACE DF INJURY (Home, it tory, street, office bldg.,		n) (Cou	inty) (State)
Hour a,m.	19 at worl	- NOT WILL -				
21. I certify tha	t (I) (this hospital) attend	ed the deceased from	200	196 3 to Jun	5 7 19 G	<u>る</u> , that (I) (we) last
saw the decease	d alive on free	2 3 19 4 4 and th	at death occurred at	9 A M, from the cau	ses and on th	ne date stated above.
22a. SIGNATURE	7 - C			MED STAFF	22b. D/	ATE SIGNED
	20 thorn		I.D. PHYS.	DIRECTOR PHYS.	□ 25 .	June 1966
22c. PHYSICIAN'S NAME (Type)	B. O. Thomas,	M. D.	6-A Watkir	ns Acres, Fre	derick,	Md. 21701
23a. BURIAL, CREMATIDI REMOVAL (Specify) Burial	, 23b. DATE THEREDF	23c. NAME OF CEMETE		23d. LOCATION (CI		inty) (State)
	6/27/66	, Parkwood Ce		Baltimore,		
24. FUNERAL DIRECTOR	Frank A.	ADDRESS	25a. R	EC'O BY REGISTRAR 256	REGISTRAR'	S IGNAMURE
M. R. Etchi	sen & Sen, Fre	derick/ Md. 2	21701 DATE S	JUN 27 1966	1	9

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the Page 4 may be retained by the mompital me attending puysicium.

VR AI5 (4) 20M 1/65



			OR 9 BA	ME					
2111212			YLAND STATE DE						
DIVISIO	N OF STATISTIC	GAL RESE	ARCH AND RECORDS			r, BALTIMORI	E 1, MARY	LAND	
(Fals)	3		CERTIFICAT	E OF DEATH			084	43	
PLACE OF DEATS a. CDUNTY	H			2. USUAL RESIDENC	E (Where dece	ased lived, If instit		e before as	imission
	Frederick		/ MARYLAND	Mar Mar	ryland	D. COUNT	Frede:	rick	
b. CITY OR TOW write RURAL	N (If outside corporat and give nearest tow	te limits, n)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If	outside corp	orate limits, write	RURAL and gl	ve neares	st town)
Fre	ederick		vears	Fre	ederick	ς		•	
d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in h	ospital, give street address)	d. STREET ADDRESS		-	1	e. IS RES	
Fre	derick Memo	orial H	lospital	319	West	Patrick S	St.	YES 🗌	NO 🔀
NAME DF DECEASED	Fi	rst	Middle	Last	4. DATE	Month	Day	/ Yea	аг
(Type or print)	Aust	tin	George	Staley	DEATH	June	= 10-	19	66
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years IF			
ale	White	WIDOWED	DIVORCED _	Oct. 21-1901	1	61 yrs.	onths Days	Hours	Mín.
USUAL DCCUPAT og most of work	IDN (Give kind of work ling life, even if retired	done 10b. K	IND DE BUSINESS DR NDUSTRY	11. BIRTHPLACE (Con	unty & State,	or foreign country)	12. CITIZEN CDUNTRY		
reman- I	ine Dept.		ver Company	Frederick	Co. Mo	l.		U.S.A	
FATHER'S NAM	E			14. MDTHER'S MAID	EN NAME				
John				Margar	ret K.	App			
	EVER IN U.S. ARMEDED (If yes give war or dates of		SOCIAL SECURITYND. 17.	INFORMANT		Address		Md	
No		21	1- 10- 4104 Ha	rmon L. Stal	.ey-50L	Fairvier	T Ave.F	reder	ick
18. CAUSE OF	DEATH [Enter only on	e cause per l	ine for (a), (b), and (c).]					ERVAL BE	
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE	in Rr	suchocenic.	Carcinona	L. En	ilerma	J ONS	SET AND I	DEATH
1621	/ DUE				11			U	
Cenditions, If	any, which }	(b)					İ		
gave rise to	Immediate (
cause (a), si underlying caus	maine me ((c)							
PART II. OTHER S	IGNIFICANTCONDITIO		JTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL D	ISEASE COND	ITION GIVEN IN PA	RT1(a) [19.	WAS AU	
							YE	PERFOR	MED?
20a, ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of	Injury In Par	t I or Part II of I			
OR CONTRIBUTI (IF EITHER, ND:	ING (CAUSE OF DEAT TIFY MEDICAL EXAMIN	NER)							

the attending physician and completely filled in by the funeral t permit. Then please remove carbon papers. Pages 1 and 2 lation, or removal, and in any event, within 2 hours after death. The executed within 24 Tours after TO HOSEITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. TO FUNERAL CIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-transit permit. Then pishould be filed with the State Dept. of Health prior to burial, cremation, or removal,

demth.

CERTIFICATION MEDICAL

5. M 10a duri Fo

13.

15. (Yes

> 20c. TIME DF INJURY Month, Day, Year Hour a.m.

> > 23b.

20d. INJURY OCCURRED While at work Not While at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town)

Frederick,

(County)

(State)

19 p.m. 19 66, that (1) (ge) last 21. I certify that (I) (this hospital) attended the deceased from 19. and that death occurred at \$250M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR

M.D.

PHYSICIAN'S NAME (Type)

W.J.Riddick

ADDRESS Frederick Medical 23c. NAME OF CEMETERY OR CREMATORY
ROCKY Springs Cemetery

ATTENDING PHYS.

22d.

Center-Frederick-Md. 23d. LDCATION (City, town or county)

25b.

STAFF PHYS.

(State)

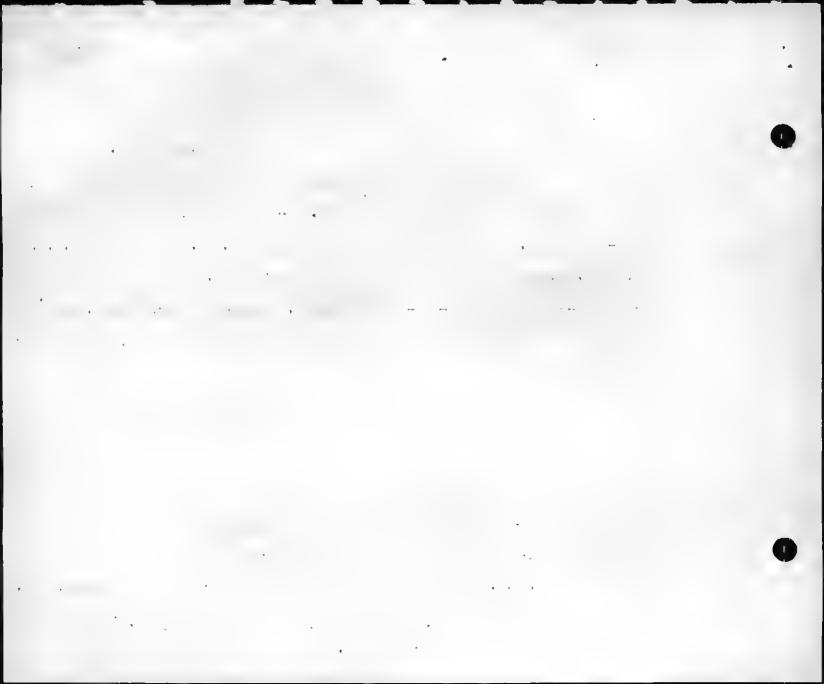
BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR CO. M.R.Etchison

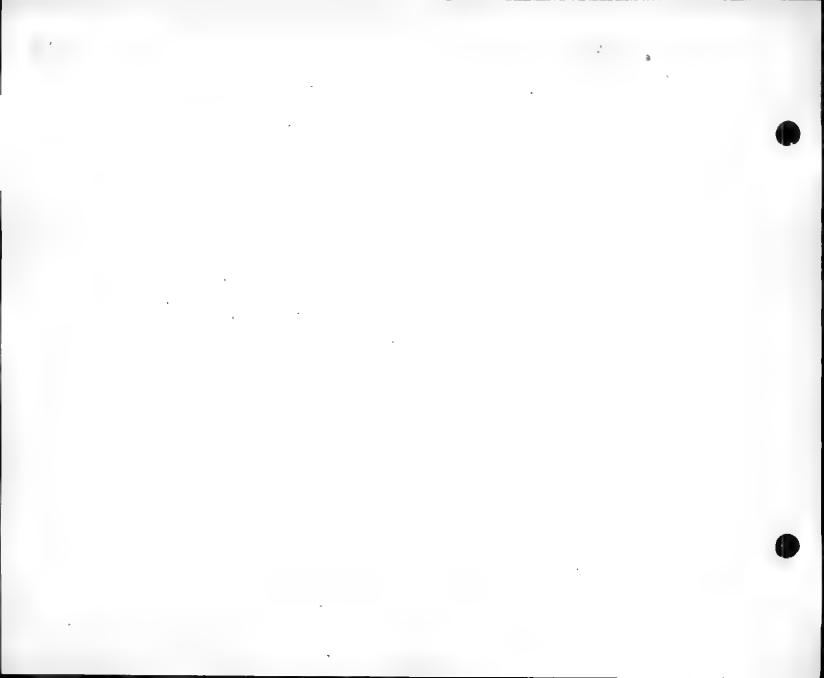
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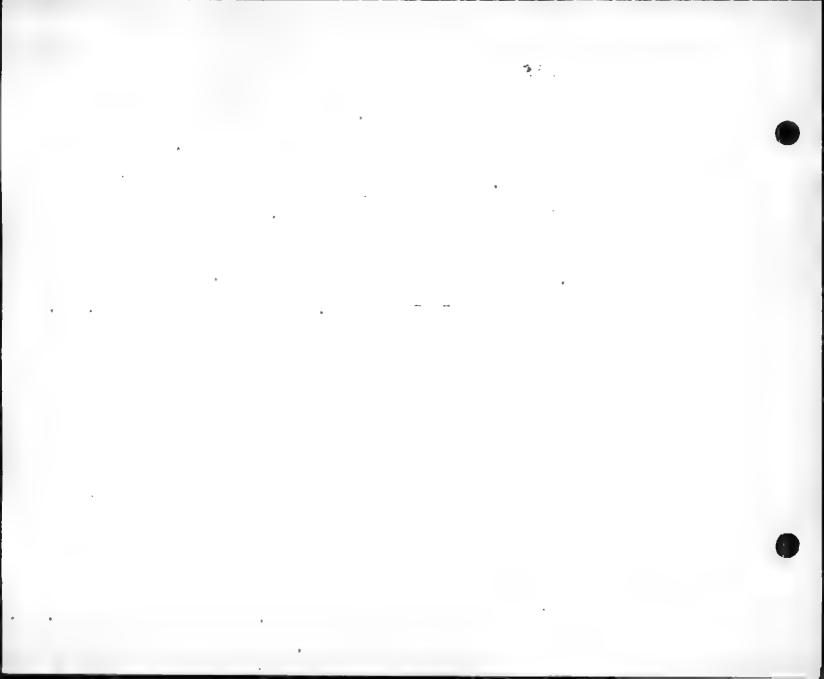
25a. REC'D BY REGISTRAR

Md. 21701 ...

VR A15 (4) 20M I/65







*ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) PLACE OF DEATH e. COUNTY Frederick **b.** COUNTY Maryland by the and 2 death. Frederick MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b, CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Frederick Frederick davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1194 North Market Street Frederick Hospital Memorial YES NO X paper: Last 3. NAME OF Middle 4. DATE DECEASED SYKES. 18 19 66 GATTHER HUNTER June (Type or print) carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE Un yeers HE UNDER 1 YEAR IF UNDER 24 HRS. S. SEX lest birthdey) Months Deys Male December 13. 1885 80 White WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if refired)
Retired Engineer Engineering Ellicott City. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Gaither Dr. M. Gist Sykes Fred. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) 220-28-3392 Mrs. Ruth P. Sykes 1194 N. Market St. No permit. burial-transit permi INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO TNEUMONIA BACE Conditions, if eny, which " gave rise to immediate cause (e), steting the underlying ACUTO MYO LARBIAL INFARCTON PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? YES NO M ARTERIO SCLEIZOSI I ICENERALIZED detached for it, of Health pr 20e. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (Stele) 20c. TIME OF INJURY Month, Dev. Yeer 2Dd, INJURY OCCURRED ! (County) fectory, street, office bldg., etc.) While Not While Hour e.m. CTOR: et work et work 21. I certify that (I) (this hospital) attended the deceased from JUNG 19 1966 to TUNE 18, 1966, that (I) (we) last saw the deceased alive on JUNC 18 1966, and that death occurred a 200 M, from the causes and on the date stated above. 22h DATE 22e. MGNATURE FUNERAL page with th DIRECTOR T PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S rector, p NAME (Type) SIN TOU HOUSE AUF FREDERICK FILCIN FIMEA DORS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) D. P. B. 236, BURIAL, CREMATION, BUT 12 (Specify) 6-21-1966 Mount Olivet Cemetery Frederick. Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 25h REGISTRAR'S SIGNATURE **ADDRESS** Frederick. Maryland Robert E. Dailey and VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

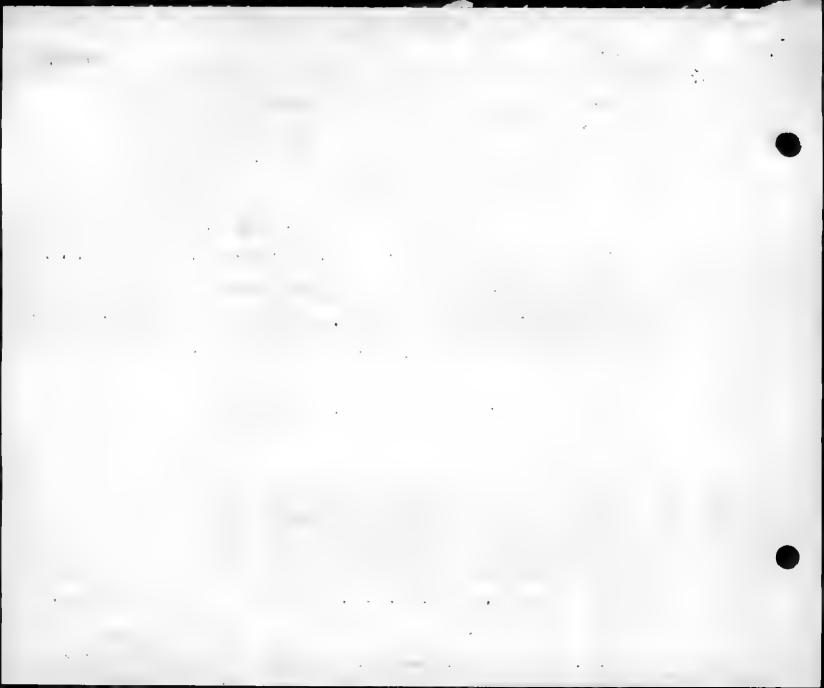


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		30457			CERTIF	ICATE	OF DEATH		(1844)	7
1		PLACE OF DEATH						Where deceased lived, if institution:		n)
	0	. COUNTY Frederi	ick		MAR	YLAND	Maryland	b. COUNTY Fre	ederick	
	Ь	. CITY OR TOWN (I	outside corporate limit	s,	c LENGTH OF STAY	IN 1b		itside corparate limits, write RURAL		
		rite RURAL and	give negrest tawn) LCK		Days	1	Rural			
			AL OR INSTITUTION (If no	ot in hospital,			d STREET ADDRESS		e. IS RESID ON A FA	DENCE
ng Bigaria			Memorial H				Route #2,			NO I
		NAME OF	Fi	rst	Middle		Lost	4. DATE Month	Day Yes	ğr.
		DECEASED (Type or print)	ROY		LINWOOD		TALBOTT	DEATH June	6 19	66
	_	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH		FUNDER I YEAR IF UNDER	
		Male	White	WIDOWED	DIVORCE		June 10, 185	72 73 yrs	Months Days Hours	Min.
	100	USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR		11 BIRTHPLACE (County	at te ar foreign country)	12 CITIZEN OF WHAT COUNTRY?	
	QUIII	ng most of working Retire	ag aven in terms of	Civ	DUSTRY il Service			c County, Maryla	nd E.S.A.	
	13.	FATHER S NAME					14. MOTHER'S MAIDEN	NAME		
		Eı	nest Talbo	tt			Rose Ste	ephens		
	15.	WAS DECEASED EVE	R IN U.S ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. I	NFORMANT	Address		
	(10:	Yes	(If yes give war or dates of W W #1	21	3 48 5431	Mrs	Mary Talk	oott (Same as it	tem #2)	
			ATH (Enter only one cou	ise per lipe for	(a), (b), and (c).)	Λ	4.0 -	A-A	INTERVAL 8ET	
		PART I. DEAT	H WAS CAUSED BY IMMEDIATE CAUSE	(0) 1/0	ulrice	Mar	- Kubrel	lallon	The nonset MED D	HATH
i	П	4] ^	DUE	.,	-4		11 0.0	7.	_ 1	
	П	Conditions, if any,		(b) CC	we n	40	Cordel	mareles	c 7 day	2
	П	ase to immediate stating the under	7 7 1116	10 0	21. 1	10	1.1-1	1010	- mm /	
	П	lost.)	(0)4-	s plant a	Mrs.	wings	Distruction	- 34	ø.
	z	PART II OTHER SIG	GNIFICANT CONDITIONS O	ONTRIBUTING	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(0)	19. WAS AUTO PERFORM	
	ATI0									No 📧
	CERTIFICATION	20a ACCIDENT WAS		20b. DI	ESCRIBE HOW INJURY O	CCURRED.	Enter nature of injury in	Part I ar Part II of item 18.)		
	<u>ا</u> ﷺ		CAUSE OF DEATH MEDICAL EXAMINER)							
	MEDICAL		IRY Manth, Day, Year		NJURY OCCURRED		E OF INJURY (Home, form		(Caunty) ((State)
	₩	Hour a.n p.n	10	While of war		1001	ory, street, affice bldg., etc.)		11	
	П	21. I certi	fy that (I) (this has	spital) atten	ded the desegsed	fram		19 to(0) Chil	_, 19 <u>00</u> that (I) (1	
	П	saw the de	ceased alive an	Solu	10 A91000,	and that	death accurred at	3-M, from causes an	nd an the date stated	l abave
	Н	226 SIGNATURE	1 1/1	0-	0.		ATTENDING	MED STAFF	22b. DATE SIGNED	
ı		har	lls X	ens	les si	2. M.S.). PHYS LEE	DIRECTOR PHYS	June 6, 19	66
/	П	22c. PHYSICIAN'S NAME (Type)		0	1//	_	22d. ADDRESS			
			onaries	H. Co	nley Jr.	M. D.	228 N. M.	rket Street, Fre		
	2 3a	BURIAL, CREMATIC	N, 23b. DATE TH	EREOF	23r NAME OF CEM	ETERY OR (REMATORY	23d. LOCATION (City or Town) (County) (S	tote)
		REMOVAL ISpecify	June 8	, 1966	Monocacy	Cemet		Beallsville,	Maryland	
	24.	. FUNERAL DIRECTO	Roual	2	ADDRESS	ude	les 250. REC'S	D BY REGISTRAR 2Sb REGIS	STRAR S SIGNATURE	
		M.	R. Etchiso	n & So	n, Frederi	ck, h	aryland/IIN	R. 1966 200	arley Judge.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then press, remove corban papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal regard only event, within 72 hours after death. TO ROSPITAL OR ATTENDING PHYTICIAN: The law mayires that the Beath certificate be executed within 24 hours after demit Page 1 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



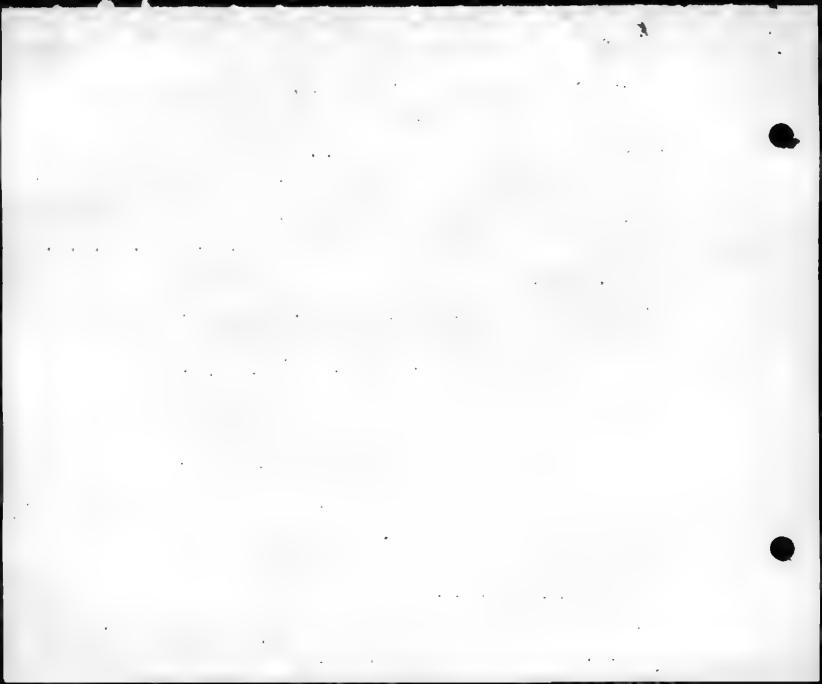
FOR STATE HEALTH DEFT.

essary, funeral Пау හ delay and 3 to 3. Page State 2 with within Pages after death. any event Give 24 hours Dag In " in pencil in l Examiner's Of permit. removal, EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil is ould be forwarded to the Chief Medical Examiner's burial-transit i ed as a burial, o SE C should rent, pri 3 shoul agent, CTOR: Page designated should files. DIRECTOR: please execute the director. Page 4 s retained for your f ŏ FUNERAL (0

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL FYAMINED'S OFFICE TO THE PROPERTY OF THE P MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Pa. b COUNTY Frederick MARYLAND City OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Minutes Altoona d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Route # 340 R.D. #4, Вож 662 NO S YES NAME OF First Middla Last 4. DATE Month Day Year DECEASED (Typa or print) RUTH MARJORIE WICKER DEATH JUNE 19 66 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED TR NEVER MARRIED last birthday) | Months | Days Hours | Min. March 28, Female White WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Giva kind of work dona) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Home COUNTRY? At Brookes Mills, Blair Co, Pa. Housewife U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME W. Sheldon Claar Allenane Martin 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 1 16, SOCIAL SECURITY NO. 17. INFORMANT Addrass 18 No Herman L. Wicker(Same as item # 2) 18. CAUSE OF DEATH [Enter only one cause par line for (a). (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (h) gave rise to immediate DUE TO causa (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY CERTIFICATION PERFORMED? YES X 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part I) of Item 18.) PRIMARY TOT CONTRIBUTING CAUSE OF DEATH. **EDICAL** 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm.) 2Df (County) (City or town) (State) factory, street, office bldg., etc.) Not While at work at work 1966 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspettion death resulted from: Natural causes Accident . Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURI DEPUTY MEDICAL EXAMINER **EXAMINER'S** B.O. Thomas, M.D. NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) Carson Valley Cemetery Carson Valley. Burial 25 by Carley Sunature 24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick. MarylandDATE

VR AISME (5) 5M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIFICATE OF DEATH

	0845	9		CERTII	FICATE	OF DEATH				()	844	9			
1.		rederick		MAR	YLAND	2. USUAL RESIDENCE (a. STATE Mary	Where dec	k com	MTV	der:		(nr			
	b. CITY OR TOWN (if autside carparate lim d give nearest tawn) ral freder	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)									
	Ri	iral Freder	ick	years		Rural Frederick									
Г	d. NAME OF HOSPIT	AL OR INSTITUTION (If	nat in haspital, ç	give street address)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?							
2		oute 4				Rout	e 4				YES 🗌	NO X			
3.	NAME OF DECEASED		irst	Middle		Last	4. DAT	E Man	th	Day	Ye	ar			
	(Type or print)		oward	David		merman	DEA			16-	19	66			
5.	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		. DATE OF BIRTH	_	9. AGE (in years last birthday)	IF UNDER 1	VEAR	Haurs	R 24 HRS.			
	Male	White	WIDOWED	DIVORCE	D .	Aug. 6-189		67 yrs.				1411/4			
di di	Da. USUAL OCCUPATION Uring mast af warking Retired—	(Give kind of work dans life, even if retired) Lectrician	& Refr	ND OF BUSINESS OR DUSTRY "igeration	Serv	11. BIRTHPLACE (County				IZEN OF JNTRY?	U.S	.A.			
1	3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME								
L	Joshu	a Zimmerma	n			Margar	et R	ebecca Sh	iff						
		R IN U.S. ARMED FORCES' (If yes give war ar dates		SOCIAL SECURITY NO.	17. II	IFORMANT		Addre	ess		Md	•			
F,	No	(ii jos giro ital ar garas	22	0-30-9636	Mrs	. Marcella	E. Z	immerman-	Route	4-	Frede	erick			
	1B. CAUSE OF DI PART I. DEA 4 2 0 Canditions, if any rise to immediat stating the under	, which gave)		(a), (b), and (c).) Ingeste S, H,	úe.	Heart Fo	ail	url			ERVAL BET SET AND D MACO	SHIAS			
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RE	LATED TO TI	HE TERMINAL DISEASE CO	NDITION G	IVEN IN PART 1(o)		19. YE	WAS AUTO PERFORM	NO ZE			
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	CCURRED. (I	inter nature of injury in	Part I ar	Part II af item 1B.)							
MFDICAL	20c. TIME OF INJU Haur a.i	10	20d. IN While at wark			OF INJURY (Hame, farm ry, street, affice bldg., etc.)		f. (City ar tawn)	(Cau	inty)	((State)			
		fy that (I) (this ho		ded the deceased	from	,1	12.64	to June	14 196	6, th	at (I) (@e) last			
		eceased alive an_	June	9 1966.	and that	death accurred at	2145	M, fram causes				abave.			
	22a. SIGNATURE	UM Ed	diel	?	M.D.	(11113)	MED. DIRECTOR	STAFF PHYS.	Jun		5 –1 96	56			
	22c. PHYSICIAN'S NAME (Type		s Riddi	ck		22d. ADDRESS Frederick	Med	ical Cente	r-Fre	der:	ick,	id.			
23	Ba. BURIAL, CREMATIC REMOVAL (Specify Burial	on, 23b. DATE III	0-1966		n Mem	Gardens		LOCATION (City or To Hansonvill	,	(Caunty)	(5	tate)			
1	24. FUNERAL DIRECTO M.R.Et	R Elwood chison & S	on	ADDRESS 7/			2 0	1966 25b	GISTRAR'S SI	GNATUR	Loge				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept, at Health priar ta burial, cremation, at remove, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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MADVIAND CTATE DEDADTMENT OF HEALTH

		HIMI	PAIL	DAINIL	ULI	MI	IMPLIATE OF	I THERE	. 1 1 1		
Division	of STATISTICAL	RESEARCH	AND	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201

/	02480			CERTI	FICATE	OF DEATH			(1	845	()	
1.	PLACE OF DEATH O. COUNTY					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
1	Frederick			MARYLAND		o. STATE Maryland b. COUNTY Frederi				ick		
Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			C. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town						
				several days		Rural- Frederick /6 - /				- 1		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)					d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
	Monocacy_Hall Nursing Home					Route 4 YES X NO						
3.	NAME OF First			Middle		Lost 4 DATE Month			h Day Year			
	(Type or print)	Lester		Clinton Z		immerman	OF DEATH	J	Tune 26- 19 66			
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED E	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEAR			
	Male	White	WIDOWED	DIVORC	ED 🔲	Sept. 11- 18	889	lost pirthdoy) 76 yrs.	Months Doys	Hours	Min.	
10	to USUAL OCCUPATION (Give kind of work done			Ob. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country)			12. CITIZEN OF WHAT COUNTRY?			
	ring most of working life, even if retired) Farmer				•	Frederick Co. Md.				U.S.A.		
13	, FATHER'S NAME					14. MOTHER'S MAIDEN NAME						
	William N. Zimmerman					Mary E. Willard						
15	WAS DECEASED EVE	PINITS APMED EMPCESS	16	SOCIAL SECURITY NO.	17. 1	INFORMANT Address						
1,	NO NO	(If yes give wor or dotes	21	7-10-0999	Mr	s. Hazel Sha	afer-R	oute L-F	rederick	-Md.		
	Conditions, if ony rise to immediat storing the under last.	, which gove) e couse (a),	(b)		wi	the term	nelp	meun	- 5	day	<u></u>	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO											
L CERTIFICATION						(Enter noture of injury in Port I or Port II of item 18.)						
MEDICAL	20c. TIME OF INJ Hour a.i	10	20d. It While at worl			CE OF INJURY (Home, form ary, street, office bldg., etc.)		(City or town)	(County)		(Stote)	
	21. I certify that (I) (this haspital) attended the deceased fram 6-19-, 1966, ta 6-26-, 1966, that (I) (we) last saw the deceased alive an 6-26-1966, and that death accurred at 4:55 M, fram causes and an the date stated above.											
	220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED June 27-1966											
	22d. ADDRESS NAME(Type) Dr. Rex R. Martin 22d. ADDRESS 220 N. Market St Frederick, Md.											
23	lo. BURIAL, CREMATION REMOVAL (Specify Burial	1	EREOF 9-1.966	Mt. Oliv				CATION (City or To			itote)	
	4. FUNERAL DIRECTO			ADDRESS -	HET.	2So. REC'I	BY REGISTR	AR 25b. RE	GISTRAR'S SIGNATU	JRE	pe	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

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VR A15 (4) 20 M 1/66

12131 a street to an exercise the contract to the co William and the second of the . 1 .22 30 £20 5 . . . SEC. 150 and the state of t